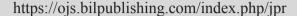


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ARTICLE

Anti-Asian Racism in the Shadow of COVID-19 in the USA: Reported Incidents, Psychological Implications, and Coping Resources

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ABSTRACT

Racism, which has been a deeply rooted feature of so many human societies across the world for centuries, has become rampant in the shadow of the COVID-19 pandemic. In the past racism was thought to be as somehow "natural" or "biological." Later on, sociologists recognized "race" as a socially and culturally constructed ideology, which exists in a society at both the individual and institutional levels. Further down the timeline, psychologists viewed racism as an individual or a collective psychological defensive mechanism generated by feelings of fear, insecurity, and anxiety in the face of imminent or presumed internal or external threat. No matter how it is described, racism has become rampant in the shadow of COVID-19, manifested in the incidents of racial slurs and verbal abuse, online bullying, physical attacks, vandalism, and others. It took the forms of white supremacy, xenophobia, Sinophobia, and institutional and aversive racism. It was institutionalized, politicized, and religionized. Given this increasing occurrence of racism triggered by COVID-19, this paper tried to trace the historical roots of racism, followed by the analysis of the specific incidents of anti-Asian racism and discrimination related to COVID-19 in the United States. This paper also sketched the psychological implications of racism and some coping mechanisms for the victims.

1. Introduction

he COVID-19 pandemic is assessed to have begun in December 2019 in the city of Wuhan, Hubei province of China [1]. Like any major crisis that could raise people's concern for personal safety and heighten their anxiety, one serious behavioral act and psychological effect of the COVID-19 pandemic has been the intensified bias and discrimination against certain groups of people, particularly against the people of East Asia in the United States. Since its outbreak,

there has been an increase in acts and displays of racism, discrimination, and xenophobia, particularly Sinophobia, a sentiment against China, its people, culture, and traditions. The virus was initially termed as the "Wuhan virus" or "Chinese virus," terms that closely associate the Chinese communities with the virus, leading to a particular process of racialization, including Sinophobia, general xenophobia, and racism.

Naming a virus or disease in a particular way has no rhyme or reason. For example, Swine flu emerged in Mexico, Mad Cow disease in the United Kingdom, and

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the "Spanish flu" has been believed to have not emerged in Spain at all. Thus, using the "Wuhan coronavirus" or "Chinese virus" designation only served to further racism, bias, and discrimination, particularly prejudice against the people with East Asian background ^[2]. Although the current virus is now officially named as COVID-19, individuals of East Asian or Asian background have been unfairly targeted in the United States, forcing them to deal with acts of racism, such as accusing the culture, victimblaming, dealing with slurs or glares, being physically attacked and removed from public places. Consequently, these victims of racism and xenophobia are more likely to experience negative implications of mental health and well-being.

Therefore, in the following pages, this paper presented the rise of racism in the shadow of COVID-19, starting with a brief description and components of racism, stages of the psychological mechanism of racism, and a brief historical background and linkages to racism in the event of an epidemic threat. Then, some significant incidents of racism and xenophobia in the USA that have occurred during COVID-19 were described. Finally, some psychological implications of racism and relevant coping mechanisms, particularly in the light of the current COVID-19 pandemic, were explored.

2. Understanding Racism

2.1 Description of Racism

Unfortunately, racism has been such a prominent feature of so many human societies across the world that it might be tempting for many people to think of it as somehow "natural" or "innate" [3]. Traditionally, racism was understood as a biological trait. It was described as the collective belief and social perception that distinct groups of people possess shared inheritable traits and different innate capacities which are exhibited through variant social behaviors corresponding to their physical appearance or biological differences. In this sense, racism could be ranked as superior or inferior, leading to discrimination and prejudice based on the superiority of one race over another [4,5].

In contrast, sociologists and behavioral scientists, in general, recognize "race" as a socially and culturally constructed ideology that exists in a society at both the individual and institutional levels. This means that any conclusions drawn about race are heavily influenced by social and cultural ideologies. Thus, sociologists and behavioral scientists broadly define racism as to encompass individual and group prejudices and acts of discrimination that result in certain advantages conferred

on a majority or dominant social group [6].

Psychologists view racism as an individual or a collective psychological defensive mechanism generated by feelings of fear, insecurity, and anxiety in the face of imminent or presumed internal or external threat [3]. In other words, racism is a general response to a sense of insignificance, unease, or inadequacy. When people face threats, they feel anxious and insecure, and they respond to these feelings by becoming more prone to materialism, greed, status, prejudice, and aggression by generally conforming to socially and culturally accepted attitudes, which are usually identified with their national or ethnic groups.

Taylor identified five possible aspects of racism as psychological defense mechanisms, which could also be seen as different stages (see Figure 1), moving towards more extreme versions of racism [3]. The first stage can be called *group affiliation*, which occurs when people feel insecure or lack in identity, they may be inclined to affiliate themselves with a group to strengthen their sense of identity and find a sense of belonging. Consequently, this may lead to the second stage, *ingroup favoritism*, which happens when the members of a group withdraw empathy for other groups to maintain their identity and group cohesiveness, limiting their concern and compassion to their group members. There is nothing wrong with these stages in and of themselves.

However, under certain circumstances, this group affiliation and favoritism may lead to a third stage, outgroup hostility, which is becoming hostile towards other groups. This is closely related to a fourth aspect, group prejudice, which is the homogenization of individuals belonging to other groups, wherein people are no longer perceived in terms of their personalities or behavior but generalized prejudices and assumptions about the group as a whole. And finally, the generalized prejudices may turn into the most dangerous and extremely destructive form of racism, called projected racism, in which people may project their psychological flaws and their failings onto another group. Here, other individuals or groups become scapegoats, who are punished, and even attacked or murdered.

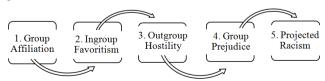


Figure 1. Stages of Psychological Defense Mechanism in Racism

Of course, defense mechanisms operate at both

interpersonal and organizational or institutional levels. Institutions or organizations may be even more sensitive to threats than individuals. As a consequence, institutions are more likely to rigidly persist in employing various defense mechanisms, which are described by Morgan ^[7] as "psychic prisons." Said differently, institutions or organizations are established, sustained, and even trapped by conscious and unconscious processes, which resist change.

2.2 Components of Racism

No matter whether racism is seen as a biological trait or socially constructed ideology or psychological mechanism, for many decades, researchers in social and psychological sciences, while attempting to understand racism in all of its forms, have developed some sort of technical terminology to describe racism's various aspects. Machery [8] and colleagues suggested three components that are often correlated, which include: stereotyping, prejudice, and discrimination (see Figure 2). Stereotyping is considered as the cognitive component of racism (e.g., the belief that all the members of group X are violent). Stereotyping is typically thought to be responsible for the internal biases and cognitive distortions in information gathering or memory^[9]. The second component, prejudice represents emotional component (e.g., fear of group X members), and it is thought to be responsible for all the affective aspects of emotional reactions to outgroup or ingroup members [8].

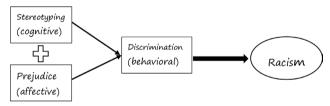


Figure 2. Components of Racism

Both stereotyping and prejudice are thought to have a downstream effect on the final component, discrimination, which is the overtly behavioral component (e.g., avoiding interactions with X group members). Social psychologists have discovered that the first two components, i.e. stereotypes and prejudices, can operate implicitly and influence people's discriminatory behaviors. In other words, discriminatory acts can result from implicit cognitive and affective biases even despite people's best efforts.^[8]

2.3 Forms of Racism

The 1965 United Nations (UN) International Convention on the Elimination of All Forms of Racial Discrimination^[10] said that the term "racial discrimination"

shall mean any distinction, exclusion, restriction, or preference based on race, color, descent, or national or ethnic origin that has the purpose or effect of nullifying or impairing the recognition, enjoyment or exercise, on an equal footing, of human rights and fundamental freedoms in the political, economic, social, cultural or any other field of public life.

Hence, in line with the UN description of "racial discrimination," it could be said that there are many forms of racism in operation, such as *white supremacy* or *white privilege* [11,12], which means beliefs and ideas purporting natural superiority of the white-skinned or lighter-skinned human races over other racial groups. *Color blindness*, [13] which means disregarding the racial characteristics in social interaction, for example, the rejection of affirmative action, as a way to address the results of past patterns of discrimination.

Other forms of racism include cultural racism [14], which is manifested as societal beliefs and customs that view the traditions and artifacts of a given culture as superior to those of other cultures, and xenophobia [15], which is often characterized by the fear of and even aggression toward the members of an outgroup by the members of an ingroup. Another form of racism is institutional racism [16], which is also known as structural or systemic racism. Institutional racism is racial discrimination by governments, corporations, religions, or other large organizations with the power to influence the lives of many individuals.

Implicit in all these forms of traditional and overt racism is the form of aversive racism [17], by which a person is influenced by unconscious negative evaluations of other racial groups and thus persistently avoids interacting with other racial and ethnic groups. Aversive racism is characterized by more complex, ambivalent expressions and attitudes. Finally, similar in implications to the concept of aversive racism is symbolic or modern racism [18], which is also a form of implicit, unconscious, subconsciously biased, or covert attitude which results in unconscious forms of discrimination. Modern racism is characterized by outwardly acting unbiased and unprejudiced toward other racial groups or individuals while inwardly maintaining biased and prejudiced attitudes.

3. Racism in the Shadow of COVID-19

3.1 The COVID-19 Pandemic

Scientists suspect that the COVID-19 pandemic, which started in December of 2019 in the city of Wuhan, Hubei province in China, is of being zoonotic in origin [19]. As

of May 26, 2020, over 5.7 million people worldwide have been confirmed as having the virus, over 357,400 deaths were confirmed globally, and both the infection and death rate continue to grow daily [20]. On January 30, 2020, the World Health Organization [21] designated the COVID-2019 outbreak a "public health emergency of international concern."

Since the origin of the virus, epidemiologists have been working to elucidate the characteristics of the virus transmissibility, death rate, and origin. Scientists have been working to discover a vaccine. Public health officials have been communicating critical information to the public so that they could take necessary and appropriate precautions. Governments and policymakers have been planning to contain the virus [22]. The COVID-19 pandemic not only led to an unprecedented social crisis and economic fallout in many countries of the world but also has shown implications for downstream effects on the physical and mental health of communities and individuals [19].

Paradoxically, while the experts in various fields and the public health officials in various nations and regions continue to work to contain the virus and mitigate its deleterious effects on the worldwide populations, a related threat of psychological distress appears to be resulting from repeated media exposure to the outbreak ^[19]. The negative effects of COVID-19 are ripping through every segment of society. It is hypothesized that the virus will likely exacerbate existing mental health disorders and contribute to the onset of new stress-related disorders for many people, including loss and grief, fear and uncertainty, and stress and trauma ^[23].

The COVID-19 pandemic also has led to an increasing display of various forms of racism. White [24], in an article on historical linkages to epidemic threat, economic risk, and xenophobia indicated that the xenophobic responses that have been occurring in response to the COVID-19 pandemic can be traced back to a long history covering a span of countries. While social distancing and quarantine practices date back to 14th century Europe, the spread of epidemic diseases emerged in the 19th century as a problem that required an internationally coordinated response. For example, European colonial expansion brought smallpox and other diseases to the Americas and Africa in the 1800s. During the Napoleonic Wars, the vulnerability of European colonizers contacting diseases in their colonial domains, and the capacity of these diseases to spread to Europe was exposed. Epidemics of plague and cholera claiming a huge number of lives not only in South Asia and elsewhere, but also in Europe, became a concern.

Many conferences were held to standardize international regulations for the quarantine measures and the sanitary management of plague, cholera, and yellow fever. Due to their focus on the colonial trade from Asia, the early international conventions led to the rise of a particular bias against people of Asian descent, especially Chinese and Indians traveling around the world. In the late 19th century the colonial administrators abandoned all trade with India to avoid the threat of plague arriving with migrant workers from the subcontinent. Such a move also gave birth to some sort of xenophobic responses carried out in the name of health controls. In 1901, an epidemic of bubonic plague in South Africa resulted in the forced quarantine of most of the city's black African population to a racially segregated quarantine camp.^[24]

3.2 COVID-19 and Anti-Asian Racism in the USA

The USA has a history of anti-Chinese sentiment in response to epidemics. For instance, during the outbreak of bubonic plague, Honolulu quarantined areas that encompassed Chinese but not of White Americans. When the public health authorities burned contaminated buildings, the fires went out of control and burned down most of the Chinese residences. Anti-Chinese responses also occurred in San Francisco during the plague epidemic of 1900-04. [24] In the current pandemic of COVID-19, we see increasing racist and xenophobic responses, including prejudice, discrimination, and violence in the United States and around the world, particularly against people of East Asian and Southeast Asian descent and appearance.

In order to assess the extent of anti-Asian racism during the current COVID-19 pandemic, electronic social media content analysis and interpretation were used for this paper. Various forms of electronic media are recognized as playing an important role, perhaps a key role, in the daily lives of the public for both acquiring and disseminating information. The methodology for this paper primarily included collecting and analyzing online information from multimedia sources, such as online newspapers, correspondent reports, TV channels, YouTube videos, and Wikipedia.

First of all, to locate the list of COVID-19 related incidents of racial discrimination and xenophobia^[1], relevant news and media links were browsed in order to find the information related to the incidents of racism amid COVID-19 in the United States. Besides, the search engine was also used to gather information from online newspapers and view online news channels and videos about racism during the COVID-19 pandemic. The time parameters included about five months, i.e. from the end of December 2019 to the end of May 2020. The keywords

used for locating the relevant content were the Wuhan virus, China virus, Coronavirus, COVID-19, racism, xenophobia, discrimination, stereotyping, prejudice, and Sinophobia.

Due to the specific focus of this paper on the content directly related to various forms of racism in the United States during this COVID-19 pandemic, only the locations in the United States were included and the information not related to racism and discrimination against the Asians was excluded. That is, incidents and news related to the aspects of epidemiology and science, medicine and vaccine, economy and politics, virus treatment and prevention policies were excluded.

Some of the relevant results are presented in the following pages. BBC research ^[25] suggested that there have been about 1,710 anti-Asian incidents reported to Asian American and Pacific Islander (AAPI) agency between March 19 and April 29, 2020. As indicated in Figure 3, about 69% of these incidents occurred in the form of verbal harassment, about 15% involved physical assault and being coughed or spat on, and 4.3% cases were of online discrimination.

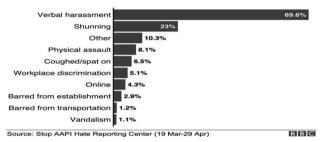


Figure 3. Types and Percentage of over 1,700 Reported Anti-Asian Incidents Related to COVID-19

There were more than 100 individual racist incidents related to COVID-19 reported in the media. Some selected incidents are indicated in Table 1. The targeted population included the people of various Asian descents, predominantly Chinese. President Donald Trump frequently used the term "Chinese Virus," triggering many incidents of Sinophobia and xenophobia [26].

In a self-posted video, a rapper was seen bullying an elderly woman by chasing her with hand sanitizer while shouting, "Sanitize your ass!" [27] A Chinese woman was spat upon by a man yelling, "Fuck China. [28] Racism had tones of anti-Semitism when some extremists encouraged one another to spread the virus to police officers and the Jews. [29] In California, an elderly man was attacked with an iron bar. A supermarket in Texas witnessed an Asian family, including a two-year-old and six-year-old, being stabbed. [25]

Table 1. Selected Incidents of Anti-Asian Racism in the USA During the COVID-19 Pandemic

Target	Incident		
Chinese	The University of California normalized racism [30].		
Jews	Extremists were encouraging one another to spread the virus to police officers and the Jews [29].		
Koreans	Hesitated to wear masks in public amid reports of hate crimes and racism towards Asians who wore masks [31].		
People of color	Surgeon General J. dams claimed that people of colo were "socially predisposed" to coronavirus exposure [3]		
Thai	A woman on the Los Angeles subway captured footage of a man screaming racist comments and expletives about coronavirus [33].		
	Several bullying incidents and assaults against the		
Asians	Asian-American community, including a middle-schooler being beaten and hospitalized [34].		
Chinese	A Chinese woman crossing a street was spat upon by a man yelling, "Fuck China", and "run them all over" as a bus crossed in her direction [28].		
Asian	A 16-year-old boy was physically attacked by bullies in high school who accused him of having the virus. [35]		
Vietnamese	Two students from a high school were seen in videos bullying Vietnamese-American students [36].		
Chinese	A Chinese restaurant received racist phone calls threatening to shoot the owners [37].		
Chinese	A rapper posted a video of himself bullying an elderly woman by chasing her with hand sanitizer while shouting, "Sanitize your ass!" [27]		
Chinese	A 60-year old man was attacked by two women [38].		
Korean	A doctor was kicked out of a gas station [39].		
Asian	A threatening racist note was left on the home of a couple with statements such as "We're watching you" as well as "take the Chinese virus back to China." [40]		
Asian	A group of teens surrounded a woman, yelled racial slurs, and punched the woman in the back of the head [41].		
Korean	Someone velled "Where is your corona mask you		
Chinese	A man walking with his 10-year-old son was harasse		
Asian	A woman was spat upon, and had her hair pulled out by a woman who blamed her for coronavirus [44].		
Asian	A woman wearing a face mask was nunched and kicked		
Asian	A man was sprayed with an unknown substance [46].		
Asian	A woman was robbed of her cellphone by a man who swung a punch at her and told her, "Go back to China" "You are dirty" [47].		
Chinese	New York State Assembly member Mathylde Frontus urged citizens to avoid Chinese businesses [48].		
Asian	An Asian couple was attacked by a group in Philly [49].		
Asian	A 19-year-old stabbed 2 adults and 2 children, thinking they were Chinese spreading the coronavirus [50].		
Koreans	Two students placed coronavirus posters on a Korean student's dormitory door as a racist prank [51].		
Chinese	Windows were shattered at Jade Garden restaurant in Seattle's Chinatown-International District [52].		
Chinese	Minado Buffet building was spray-painted with hate speech saying, "Take the corona back you chink" [52].		
Chinese	Graffiti written, "It's from China #chinesevirus" [52].		

The recent research study^[25] by BBC reported about 120 anti-Asian incidents that took place in the United States between January and May, 2020. Out of 120

incidents, 69 are directly related to COVID-19 and the results are reported in Table 2. As can be seen from Table 2, most of the states have reported some kind of anti-Asian racist and discriminatory incidents during the period of January to May 2020. The months of March and April reported a higher number of incidents. Overall, New York state had the highest number of incidents. The nature or type of racism incidents included physical attacks, verbal slurs, online harassment, and vandalism.

Table 2. Media Reported Anti-Asian Incidents Linked Directly to COVID-19 in the USA

Month	State	Number of	Type of Incidents	
		Incidents	Type of Incidents	
January	Indiana	1	Discrimination	
	Washington	1	Physical, Verbal	
February	California	5	Physical, Verbal, Written	
	Indiana	1	Discrimination	
	New York	4	Discrimination, Physical,	
			Verbal, Online	
	Oregon	1	General	
	Utah	1	Online	
	Washington	1	Discrimination	
	California	4	Discrimination, Verbal,	
			Vandalism	
	Connecticut	1	Discrimination	
March	Illinois	4	Verbal, Physical, Vandalism	
	Indiana	2	Discrimination, Online	
	Kansas	1	Discrimination	
	Maryland	1	Verbal	
	Michigan	1	Verbal	
	Minnesota	2	Verbal, Written	
	New Mexico	2	Vandalism	
	New York	10	Physical, Verbal, Written	
	North Carolina	1	Online	
	Texas	1	Online	
	Washington	2	Vandalism, Verbal	
	DC	2	Physical	
April	California	2	Online, Physical, Verbal	
	Connecticut	1	Verbal	
	Iowa	2	Verbal	
	Kansas	1	Controversy	
	Massachusettes	1	Online	
	Minnesota	1	Physical, Verbal	
	Missouri	1	General	
	New Jersey	1	Physical, Verbal	
	New York	2	Physical, Online	
	Pennsylvania	1	Verbal	
May	New York	1	Physical	
	Washington	1	Physical	
	Wisconsin	1	Verbal	
Unclear	Kansas	1	Online	
	Pennsylvania	2	Verbal	
	New York	1	Verbal	
TOTAL 69				

4. Consequences of Anti-Asian Racism in the USA During COVID-19

Amid the growing spread of the COVID-19, there has also been a surge in the anti-Asian racist and xenophobic incidents in the United States. Individuals and groups of people with Asian backgrounds are being threatened, harassed, and discriminated against. They are being referred to with racial slurs, spat on, or verbally and physically attacked. Their properties are vandalized. Statements by public officials referring to the virus with particular labels may be exacerbating the scapegoating and targeting of the Asian communities in the United States. All these various forms of anti-Asian incidents left the targeted population feeling a sense of threat and danger, leading to some sort of psychological consequences.

4.1 Psychological Implications

Major crises in any form raise people's concern for personal safety, elevate fear, increase stress, and heighten anxiety. [2] Inter-Agency Standing Committee [53] listed common mental health and psychological responses of people to COVID-19. Some of them include fear of becoming infected; fear of falling ill and dying; fear of losing loved ones because of the virus; fear of being separated from the loved ones; feelings of helplessness and boredom, loneliness, and depression due to being isolated, and fear of socially excluded because of being associated with the origins of the virus and physical appearance. For example, a victim of racism, Ms. Liu said that "When I first came here five years ago, my goal was to adapt to American culture as soon as possible. Then the pandemic made me realize that because I am Asian, and because of how I look like or where I was born, I could never become one of them" [25].

WHO's Regional Office for Europe [54] said that the rapidly spreading COVID-19 pandemic is also inducing a considerable degree of fear, worry, and concern in the population at large. These concerns are even higher among certain groups of people, such as older adults, care providers, and people with underlying health conditions. The main psychological impact of COVID-19 is elevated rates of stress or anxiety. Also, as new measures, such as quarantine and lockdown are introduced, affecting many people's usual activities and normal livelihoods, it is expected that levels of loneliness, depression, harmful alcohol and drug use, and self-harm or suicidal behavior may also increase.

Dealing with racism and xenophobia may further increase the levels of psychological distress. The Asian American Psychological Association^[55] released a

public statement on COVID-19, saying that "all of us - regardless of our race, ethnicity, national origin, or citizenship - are striving to cope with anxiety and fear brought on by the COVID-19 pandemic and the social isolation precautions needed to reduce its spread. As an organization whose mission is to advance the mental health and well-being of Asian American communities, we draw attention to the additional stressors faced by our communities who are contending with increased stigma, racism, and xenophobia." For example, many people may feel reluctant to leave their homes because of fears over contracting the virus. But for many racially targeted groups, their added fear is that they may be attacked, verbally or physically, because of who they are or how they look. Hence, many people, especially East Asians, are increasingly becoming anxious about dealing with racist incidents, which can lead to negative mental health effects [56]. For instance, a 37-year old Asian man in Philadelphia, who was sworn and yelled at and spat on, said that he felt "really down for a day or two" [25].

Balvaneda, et al. ^[2] say that one of the effects of these aggravated thoughts and feelings of anxiety and worry is that it can intensify racial discrimination and xenophobia, as it is evident from the COVID-19 pandemic. Ao ^[56] reported that according to the American federal law enforcement data, the number of hate crimes against Asian Americans has been decreasing for 15 years, but with the onset of COVID-19, law enforcement began to warn communities that hate crimes against Asian Americans would increase.

A growing body of research indicated a link between racial discrimination and mental health issues. A systematic review by Priest and colleagues [57] of 121 studies found that the research participants who experienced discrimination were most likely to suffer from various mental health problems, most commonly reported problems like depression and anxiety, followed by behavior problems. Ao's [56] interview with psychologist Kevin Nadal suggested that it's important to acknowledge the fear of experiencing racism as very real. The interview report further indicated that "Even if people aren't experiencing direct incidents, just the knowledge of it can cause them to feel anxious, depressed, or hypervigilant, which can lead to other mental health issues. It's a collective trauma — the anticipation comes from people of your shared identity having experienced violence." Weedon and colleagues[58] also emphasized the psychological toll that people are facing due to racism triggered by COVID-19. They predict that many people may have to bear the psychological consequences of racism in the days, weeks, and even years after they occur.

4.2 Coping Resources for Victims of Racism during COVID-19

Various experts suggested the following ways^{[55],[2],[56],[53]} for the victims to cope with racism:

- (1) Recognize that experiences of racism are real: If you feel you have been targeted by prejudice and discrimination during this pandemic, it is important to recognize that racism is real that takes a toll on your mental well-being.
- (2) Take moments to care for yourself: While recognizing that racism exists and if you have been a victim of it, remembering that you have the right to be visible, supported, helped, and served is very important. Also, when hurt by discrimination, try to set aside some time and specific moments to care for yourself and others.
- (3) Reject attacks on your values: Identify and select information sources and communities that offer accurate and sensitive information on the outbreak, and reject those that inappropriately attack your values.
- (4) Recognize the strength of your communities and hold together in solidarity: Communities hold many strengths in terms of cultural values and support systems, traditional practices and spiritual resources, and social contributions. Utilize these strengths in the face of racism to hold together in solidarity, for in the face of racism, individuals and systems with racist beliefs and behaviors may attempt to drive your communities apart. Through solidarity and upholding values, try to stand together in the fight against racism to anyone.
- (5) Reach out for support from friends, family members, community leaders, religious workers, and mental health professionals.

5. Conclusion

The racism that is deeply rooted in the human societies for centuries took an explicit shape during this COVID-19 pandemic in all its components of stereotyping (cognitive), prejudice (affective), and discrimination (behavioral). Many racist and xenophobic incidents have already taken place and continue to occur as the pandemic spreads around the world. As it is seen in the analysis of the incidents, the forms of racism and discrimination included racial slurs, verbal abuse, online abuse, physical attacks, vandalism, rejection, and so on. More specifically, they were of white supremacy, white privilege, cultural racism, xenophobia, Sinophobia, institutional racism, and aversive and symbolic racism. Some of the incidents were politicized, religionized, and institutionalized.

The people who were involved in the racist and xenophobic incidents included some political leaders,

entertainers, and the public. Also, different aspects of psychological stages of racism were exhibited, including the longing for group affiliation, favoring the members of the ingroup, expressing hostility toward outgroup members, engaging in group prejudice by labeling a certain ethnic group as a target for racism, and finally, projecting racism onto others through scapegoating and avoiding responsibilities.

Social media, both in print and electronic or digital forms, has come to play an important role in the public's perceptions of the pandemic, and has a significant role in arousing and instigating racism and discrimination. Hate speech, unverified news, cartoons and photos, racial slurs and verbal abuse, reports, etc., all emboldened people to act on their racist beliefs and further lead to an increase in the incidents of racism and xenophobia during COVID-19. Consequently, psychological implications and mental impact of racism instigated by the virus have been on the rise. Concerns for personal safety, elevated fear, heightened anxiety, and feeling powerless and lonely have been increasing.

Given these circumstances, we all have the duty to help victims of racism and discrimination by encouraging them to recognize racism as real, recognize the strength of their values and community solidarity, and reach out for support from various sources, including mental health professionals. The media also should play its positive and significant role by presenting facts and educating people about the impact of racism on the well-being and mental health of the people. Finally, we all should, both individually and collectively, ask the question that Medlock^[59] posited, "COVID-19 will pass. Will we be able to say the same about the racism it has illuminated?"

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