

The COVID-19 Pandemic's Stigma Effects on Chinese International Students' Lives and Mental Health

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Abstract. As COVID-19, which originated in Wuhan, China, spreads globally in 2019, there has been a surge in discrimination against people of Chinese descent. Negative labels such as "disease carrier" and "potential threat" have become closely associated with the Chinese community, resulting in social segregation characterized by exclusion, discrimination, and, in some cases, physical harm. This study aims to explore whether the stigma against Chinese international students still exists today when the epidemic has ended. This study collected 100 questionnaires from Chinese international students in Western countries regarding personally identifiable information, personal experiences of stigma, and reactions to stigma. By analyzing the questionnaire data, the stigmatization experiences of Chinese international students after the epidemic were summarized. Stereotypes such as "virus carriers" that arose during the epidemic still existed and continued to affect the 324dc health of Chinese students who study abroad. At this same time, many Chinese students were able to recover from the trauma quickly, but there are still some students who have difficulty or are unable to fully recover from the trauma. This paper hopes to draw the attention of more overseas universities to this current situation and create a healthier and more inclusive learning environment for international students.

Keywords: Stigma; Covid-19; Chinese international students.

1. Introduction

With the global spread of COVID-19 originating in Wuhan, China, there has been a troubling surge in discrimination against individuals of Chinese descent. These incidents span a spectrum from individual acts of microaggressions to outright violence and extend to collective forms of exclusion, such as bans on Chinese individuals from public venues [1]. Furthermore, mainstream media outlets have reported a disturbing rise in hate crimes targeting Asians. In London, for instance, data from the Metropolitan Police reveals a notable growth in crimes motivated by hatred against Chinese residents of London after the epidemic [2]. This surge in hate crimes is often tied to anti-Asian rhetoric that wrongfully attributes blame to the Asian community for spreading COVID-19 in various regions, including the United States [3]. Negative labels such as "disease carrier" and "potential threat" have become closely associated with the Chinese community, resulting in social segregation characterized by exclusion, discrimination, and, in some instances, physical harm. Consequently, this separation has disempowered many within the Chinese community, compounding the challenges they face, including economic setbacks, racial biases, and limited access to essential services [4].

The word 'stigma' was coined by Goffman firstly to refer to an individual's distinctive traits (e.g., burns) that socially devalue and deem them unfit for integration into mainstream society. Following this, two definitions of the concept have been widely used by Link and Phelan and Major and O'Brien [5,6]. Both provide two similar but slightly different definitions from the perspective of the social structure and the perspective of the individual, respectively. This paper adopts Link and Phelan's comprehensive definition of stigma [5], which includes labeling, stereotyping, segregation, disenfranchisement, and discrimination. Under this definition, the Chinese can be categorized as a 'stigma' group.

1.1. Choose of Study Focus

The direct consequences of such stereotypes, discrimination, and stigma against the Chinese population extend beyond the immediate experiences of hate crimes, permeating into more profound mental health issues. A growing body of research on racism underscores that racial stigma is an established betoken of harmful physical and mental health outcomes for individuals from racially marginalized backgrounds [7]. Landrine and Klonoff further underscore the positive associations between racist incidents and a range of health-related outcomes [8], including low self-esteem and various stress-related and somatic symptoms such as anxiety, depression, chronic illness, and sleep disorders.

Current research on the impact of stigma associated with epidemics focuses on the pandemic period. For example, a study by Gover et al highlights the racial inequalities that can result from pandemics and argues that COVID-19 may further contribute to the spread of racism [4], leading to further social instability, fear of foreigners and widespread xenophobia. Lee and Waters' interviews with 410 participants from the United States also revealed that nearly one-third of respondents felt that discrimination had increased since the pandemic outbreak [9], and just under one-half reported that they had faced increased discrimination since the pandemic outbreak. In addition to this, more than 40 per cent of respondents felt that worse discrimination had led to an increase in their pathological symptoms such as anxiety, depressive symptoms, and sleep difficulties. While existing research has mainly focused on the impact of stigma at the peak of the epidemic, this study argues that it is also crucial to investigate whether these effects persist beyond the acute phase of the epidemic. Therefore, this study aims to explore the lasting influence of stigma related to the pandemic on the health of Chinese people.

In addition, international students are a rather specific group among all Chinese groups. In evaluating mental health outcomes, the interaction of stressful acculturation-related stressors, maladaptive perfectionism, and time spent in Western countries was taken into account [10]. Building on this, Maeshima and Parent's study argued that Chinese international students [11], due to the inherent stereotypes of mental health problems in their cultural background, rarely proactively seek social support, and Han et al.'s study at Yale University drew attention to the high prevalence of depression in the Chinese international student population [12]. Under this premise, the Chinese international student population is less able to recover from trauma through self-repair compared to other Chinese populations, and in the absence of social help, they may experience more serious mental and physical health problems after being bedeviled by stigma. Therefore, this study focuses on Chinese international students and their physical and mental health.

While many stigma-related studies provide frameworks that can be used to understand racialized stress and its impact, this study chose to build on Meyer's framework of the impact of socio-environmental pressures on an individual's mental health problems [13]. The model explains the unfriendly social environments created by stigma, prejudice, and discrimination in terms of minority stress, including the pressure and hostility that can be brought to bear on minorities. It also argues that it is these environments that contribute to minority health problems. Following the outbreak of COVID-19, Chinese overseas students reported encountering racial discrimination. This study looked at these events to determine how they related to the participant's current health.

1.2. Research Gap

After collecting and analyzing relevant literature, this paper has identified a gap in the ongoing research on stigma brought about by covid-19. Most of the existing studies tend to focus on stigma towards individuals infected with Covid-19 and healthcare workers in different countries [14,15]. In contrast, much less attention has been directed towards the stigma situation faced by the Chinese during and after the epidemic. In these studies, this concern has also centered on stigma during the epidemic [1,2,4,16,17]. Therefore, this paper hopes to investigate further whether and to what extent the stigma developed during the epidemic has a lasting impact now that the epidemic is over.

1.3. Statement of Research Questions

The major objective of this research is to explore the many negative consequences of COVID-19 stigma on the wellness of Chinese students who study abroad. This paper tries to fully comprehend the characteristics and effects of this stigma, particularly if it endures after the pandemic. To achieve this, the study poses research questions regarding stigma's origins, manifestations, psychological effects, coping mechanisms, cultural influences, and potential interventions within this specific population.

This research employs a quantitative approach, collecting data through a comprehensive questionnaire to ensure a broad understanding of the experiences of the entire Chinese international student community during the pandemic and its effects on their mental well-being.

The significance of this study lies in addressing critical gaps in the literature, focusing on a substantial and vulnerable subgroup, Chinese international students. It informs educational institutions, policymakers, and mental health professionals about the specific challenges faced by this group, enabling targeted support and interventions. Moreover, by exploring the cultural aspects of stigma and mental health, this research contributes to the broader discourse on cultural psychology and cross-cultural mental health, fostering more inclusive and culturally sensitive approaches to healthcare and well-being in the context of a pandemic and beyond.

2. Methodology

This paper focuses on the impact of stigma encountered by Chinese students studying in Western countries on their health status. In this study, a quantitative analysis method was chosen to measure and count the stigma encounters and risk responses of the target population using questionnaires, and the stigmatization experiences of the study population were analyzed and summarized through sample and data collection.

The major aim of this paper is to assess negative impacts of COVID-19 stigma on the wellness of Chinese students. This paper tries to fully comprehend the characteristics and effects of this stigma, particularly if it endures after the pandemic. Considering the two factors that the target group of this study is generally young (high school and college students) and geographically widespread (countries such as the United Kingdom, United States, Australia, and New Zealand), this paper chooses to use the form of distributing online questionnaires to measure and collect data from the target respondent group.

The target respondent population is the group of Chinese international students with study abroad experience, and the demographic variables (gender, age, geography, etc.) of the international students were pre-surveyed and processed through questionnaires and other means such as the WeChat group of exchange of information on study abroad, and the snowball sampling method was used to investigate the situation of the respondents' stigma experience, risk perception, and risk coping situation. The questionnaire designed around the research questions and research hypotheses, "Questionnaire on Discrimination Encounter of International Students," has 13 questions in total and mainly adopts the three forms of single-choice, multiple-choice, and Likert scale to collect relevant variables. The questionnaire is divided into four parts: "Pre-screening," "Personal Information," "Stigma," and "Stigma Response".

2.1. Sampling

As snowball sampling can sample the whole population with a small number of units and a very non-concentrated distribution, thus completing the measurement [17]. Snowball sampling of the Chinese international student population cannot follow the principle of probability, but it is characterized by wide coverage, large sample variation, high sample richness and feasibility. Because of this, this study ultimately decides to use the snowball sampling method to choose the samples, taking into account both the systematic characteristic of sampling (features of the pattern can reflect the general features,

and the framework of the sample can reflect the overall approach) and the overall characteristics (hard to define while there is some degree of interaction within the group).

2.2. Questionnaire Design

In the "pre-screening" section, two questions were designed to pre-process the research participants with the aim of refining the sample and excluding irrelevant subjects to ensure the accuracy of the results. First, the questionnaire will provide each respondent with a respondent consent form and a briefing letter to ensure that all survey participants complete the questions voluntarily and freely. Secondly, the questionnaire will confirm the identity of the survey participants as international students to ensure the validity of the sample data. The section begins with three basic demographic questions, namely gender, age, and primary place of residence. This information helps to provide a preliminary understanding of the sample in the final data analysis and facilitates categorical comparisons in the analysis of variance (ANOVA).

In the "Stigma Survey" section, four questions were designed for this study. Firstly, whether the studied individuals believed that they had experienced stigma; secondly, what type of stigma (verbal discrimination, stereotyping, violent behavior, prejudice, etc.) had been experienced by the studied individuals; and thirdly, whether the studied individuals believed that the epidemic had led to a more serious experience of stigma. To avoid a situation where the researched individuals were not able to determine the third question, this study intends to further determine the existence of stigma as a result of the epidemic with the fourth question. The fourth question formulated for this study is: Are discriminatory terms too epidemic-related being used? (e.g., Chinese Virus, etc.) This question was designed to avoid the situation where the participant had a similar experience but was unsure if his/her own experience would allow the hypothesis of the third question to be valid.

Finally, in the section on "Responding to stigma," the study formulated four questions. Firstly, whether or not the participants perceived the stigma situation as having a negative impact on their lives; secondly, how the stigma situation negatively affected their lives (e.g., negative emotions, anxiety, depression, pathological behaviors such as sleep disorders/eating disorders, etc.); and, thirdly, whether or not the participants responded to the stigma (by choosing to counteract it, ignoring it, etc.). Finally, this study proposes to set up a ten-point Likert scale in which the researched subjects will rate on a scale of 1-10 the extent to which stigma affects their lives after the epidemic.

3. Result and Discussion

3.1. Hypothesis

Compared to the level of stigma experienced by the Chinese prior to the COVID-19 pandemic, our hypothesis was that Chinese students who experienced stigma linked to the pandemic would exhibit higher levels of psychological distress. These distresses may manifest as a greater propensity for physical health problems like insomnia and declining general health as well as psychological health problems like depression and anxiety. Additionally, they would be more prone to suffer from mental illnesses like anxiety and despair as well as physical health problems like insomnia and declining overall health. This effect is expected to be moderated by several factors, including social isolation, reduced access to support networks, and heightened perceptions of stress, all of which can cumulatively lead to poor mental health outcomes. Whilst we expect the initial impact of stigma to be significant, we also hypothesize that for most people, the impact will eventually diminish, leading to recovery from the trauma associated with stigma. We will explore this resilience in depth throughout the study.

3.2. Data Analyse

In September 20223, this study conducted a questionnaire survey among Chinese international students who have experience studying in Western countries. The questionnaires were mainly placed

in the international student information exchange groups in WeChat, the main social media in China. The study population mainly focused on high school and university students. A total of 126 questionnaires were distributed for the study. The questionnaire respondents were predominantly female (59.6 percent), in addition to which more than half (77.7 percent) of the questionnaire respondents are still living overseas.

3.2.1. Analysis of Experiences of Stigma

Overall, international students' experiences of discrimination are common. Of the 96 questionnaire responses, 58 admitted to experiencing racial discrimination. This figure is more than half, at 61.7 per cent. Within this, verbal discrimination and stereotyping were predominant, with 44 responses reflecting verbal discrimination and a further 39 responses reflecting stereotyping. Of these, 7 responses reflected direct violence. Most international students were unable to judge whether the epidemic had exacerbated their discrimination. (48.3 percent). Nevertheless, a minority of students agreed that the epidemic had increased their discrimination (34.5%) and only 10 respondents disagreed with the definition that the epidemic had brought about more discrimination. Interestingly, more than half of the students (55.2%) had directly used discriminatory terms related to the epidemic, such as "Chinese Virus" and "take the virus back." This contrasts somewhat with the previous question. This data seems to indicate that most students are not aware of the impact of the epidemic on stigma, although it does lead to more discriminatory experiences. The Likert scale further argues this finding for question ten, which has a mean of 4.1.

3.2.2. Analysis of Response toward Stigma

Unlike the experience of stigma, which is similar to the hypothesis, the results of the study deviated to some extent from the research hypothesis in terms of respondents' reactions to stigma. According to the hypothesis of this study, the vast majority of respondents would experience stress, anxiety, and negative emotions after being stigmatized, but would be able to recover quickly from the stigma experience; a small percentage would take longer. And according to the actual results, as shown in Figure 1, 3.4% of the respondents (2) all reported that they were not able to recover from the stigma experience at all. Considering the limited sample size of this study, this percentage is much higher than the expected result.

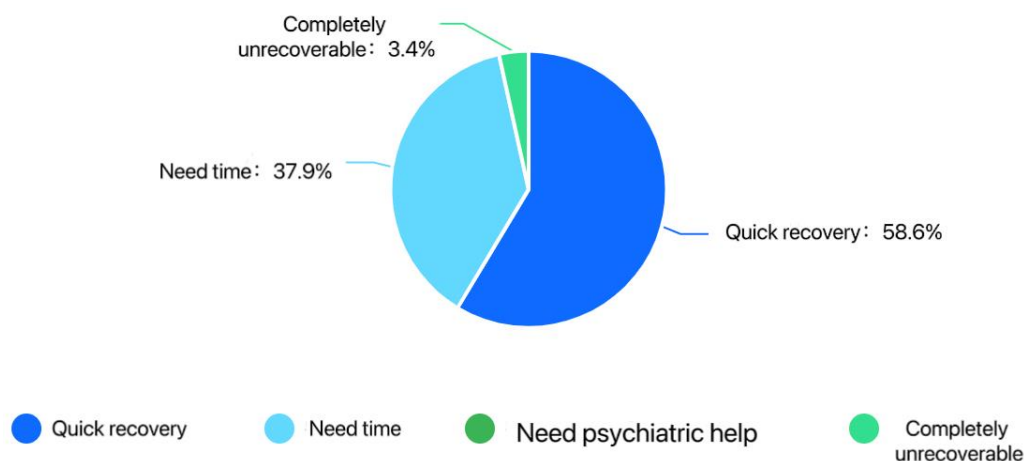


Figure 1. Question “How quickly can you move on from an experience of stigma?”

The cross-comparison questions (Figure 2) "In what ways do you think discrimination has affected you?" and "How quickly were you able to move on from the experience of discrimination?" show that both respondents experienced stress, anxiety, negative clarity and more pathological severe behavior. It is also interesting to note that none of the respondents chose the option "need help from a psychiatrist." This confirms Maeshima and Parent's [11] study that Asian students are less likely to actively seek help from psychologists. In addition to this, the presence of stress, anxiety and negative emotions also showed some correlation with the speed of recovery. Respondents experiencing stress and anxiety were more likely to choose the option "need time to recover."

Table 1. Cross-Comparison: “In what ways do you think stigma has affected you?” and “How quickly were you able to move on from the experience of stigma?”

	Quick recover	Need time	Need psychiatric help	Completely unrecoverable
Stress	5 (14.7%)	8 (36.4%)	0 (0.0%)	2 (100.0%)
Anxiety	6 (17.6%)	7 (31.8%)	0 (0.0%)	2 (100.0%)
Negative emotion	25 (73.5%)	16 (72.7%)	0 (0.0%)	2 (100.0%)
Pathological behaviour	1 (2.9%)	3 (13.6%)	0 (0.0%)	2 (100.0%)
Others	6 (17.6%)	1 (4.5%)	0 (0.0%)	0 (0.0%)

In summary, the findings were generally consistent with the predictions of this study. Stereotypes born out of the epidemic still exist and affect Chinese students. While the vast majority of international students were able to recover from the outbreak quickly, a small number took longer, and a very small number were unable to recover from the trauma at all. This study recommends that institutions actively offer assistance and pay greater attention to the lives and mental health of Chinese overseas students in the latter case.

4. Conclusion

This study hopes to impact understanding of the wider psychosocial consequences of the global epidemic. By delving into the experiences of Chinese international students who suffered discrimination and stigma originating from the COVID-19 crisis, this study aims to raise awareness of the challenges they face. One of the expected outcomes is potentially increased attention to the health of Chinese people who study abroad by social institutions; the study may influence organizations, particularly high schools and universities where Chinese international students are concentrated, to address stigma-related issues affecting this vulnerable group. These concerns may include improved mental health support, anti-discrimination campaigns, or enhanced crisis response protocols. In addition, this research will identify specific mental health challenges associated with stigma, informing the development of targeted mental health interventions and support programs to mitigate the long-term psychological impact of the pandemic. In addition, this research has the potential to promote cross-cultural understanding and empathy by addressing stigma and raising awareness of the challenges faced by individuals from diverse backgrounds. It could also add a unique perspective to the literature on pandemics and mental health, thereby contributing to the scholarly discourse and laying the groundwork for future research on stigma, discrimination, and mental health in diverse contexts. Ultimately, this research can have a lasting impact by increasing knowledge, informing policy, and promoting empathy, thus paving the way for a more inclusive and compassionate response to future crises and benefiting individuals, communities and society as a whole.

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