

# **Asians\* Unmasked: A National Photovoice Project of Asian Americans' Experiences during COVID-19**

**Sriya Bhattacharyya**

Columbia University Irving Medical Center. New York, NY

**DJ Ida**

National Asian American Pacific Islander Mental Health Association. Denver, CO

**Ellen Y. Park**

Memorial Sloan Kettering Cancer Center. New York, NY

**Allyson Goto**

National Asian American Pacific Islander Mental Health Association. Denver, CO

**Janet Namkung**

Asians\* in Focus, Denver, CO

**Jennifer Q. Nguyen**

Asians\* in Focus, Seattle, WA

**Pata Suyemoto**

National Asian American Pacific Islander Mental Health Association. Boston, MA

## **Abstract**

COVID-19 generated a health crisis and major loss of life throughout the world. Asian Americans (AA) have been uniquely impacted during this time by anti-Asian racism, at times blaming AA for the pandemic. A few years after the emergence of COVID-19, studies now show that anti-Asian violence during the pandemic opened historic wounds and exacerbated psychological legacies of trauma uniquely felt by AA.

In response, a national group of interdisciplinary AA women activists developed a community-based photovoice project called Asians\* Unmasked. AA in the United States submitted photographs online and shared their experiences and ideas about social change during the early months of the pandemic (March 2020 - June 2020). Participants answered three questions adapted from the photovoice SHOWeD technique about their images as they related to their COVID-19 experiences. Fifty-five ethnically diverse AA (15-78 years old) submitted 82 photos. Using a cross-case qualitative analysis, seven domains were identified: (a) life and community changes, (b) connection and isolation, (c) racism and oppression, (d) health and mental health, (e) service to others, (f)

resiliency and hope, and (g) ways to change the world after COVID-19. This article intends to “bring the gallery to the academy,” and share participants’ voices, photographs, and calls for change.

*Keywords: Asian American, photovoice, liberation psychology, participatory art-based research, qualitative analysis*

## **Impact of COVID-19 on Asian Americans**

Since December of 2019, the COVID-19 pandemic has presented a major public health threat to communities worldwide, with implications for mental health (Ibrahim et al., 2024). For Asian Americans (AA), defined as “people having origins in any of the original peoples of the East Asia, Southeast Asia, or the Indian subcontinent” (Office of Minority Health, 2019, p. 2), the pandemic is not only a health crisis but also a crisis of racial trauma and sociopolitical anxiety. AAs must contend with the reemergence of anti-Asian racism and violence that sweeps from the White House across the United States (U.S.) (Reny & Barreto, 2020). From 2020 through 2024, we witnessed increased incidents of racist violence including physical attacks, racial slurs, microaggressions, and alienation (Ibrahim et al., 2024). According to the Stop AAPI Hate Reporting Center developed under the Asian Pacific Policy and Planning Council, for instance, there were 12,255 reported occurrences of racism and discrimination against AA between March 19<sup>th</sup> to December 31<sup>st</sup>, 2023 such as harassment (88%), physical harm or contact (23%), institutional discrimination (14%), property harm (6%), and other incidents (< 1%) (Stop AAPI Hate, 2025). Despite these significant numbers, more incidents go unaddressed and unreported due to shame, fear, or not knowing how to respond (Stop AAPI Hate, 2025). These widespread incidents are exacerbated by misinformation about the origins of COVID-19, fueled by longstanding anti-Asian racist tropes about the spread of disease.

### **Historical Trauma and Mental Health of Asian Americans During Health Crises**

AA migrants have long been blamed as being the ‘vectors’ for U.S. health crises and they have been discriminated against (Kim, 2024). Despite the World Health Organization’s best practice recommendations that infectious diseases should not be named after people, countries, or cultures, the first Administration of U.S. President Trump repeatedly referred to COVID-19 as the “Chinese flu” and “the Kung Flu,” normalizing and legitimatizing anti-Asian xenophobia, and further exacerbating hate and discrimination against AA (Reny & Barreto, 2020).

The “yellow peril” stereotype, rooted in fear of Asian dominance, predates the “model minority” myth, which portrays Asians as successful and non-threatening (Kawai, 2005). These seemingly contradictory stereotypes form a “yellow peril-model minority dialectic,” a framework used in psychological literature to understand and address anti-Asian racism and its impact on Asians’ mental health (Kawai, 2005; Kim, 2024).

Psychological trauma follows pervasive xenophobia in diverse, multiethnic AA communities (Yi et al., 2023). We thus conceptualize COVID-19-era psychological health for AA in the lens of Historical Trauma Theory. That is, the idea that communities exposed to long-term, collective oppression (i.e., racism, genocide, war) exhibit elevated adverse mental health outcomes even generations after the traumas occurred (Sotero, 2009). Given the already enormous impact of COVID-19 on morbidity and mortality, we are starting to see an increase in mental health conditions such as depression, anxiety, and posttraumatic stress among AA (Ibrahim et al., 2024). Unfortunately, AA are the least likely to seek and receive mental health services due to cultural stigma, language barriers, lack of awareness of mental health resources, and lack of culturally appropriate service providers, all leading to the mental health disparities of AA (Ibrahim et al., 2024; Park et al., 2019).

## **Toward an Asian American Liberation Psychology: Engaging the Community with Photovoice**

To document the lived experiences of AA during the pandemic, we employed Photovoice, a community-based method, to understand how racism impacted AA mental health and to promote collective action toward liberation (e.g., Lichty et al., 2019; Wang & Burris, 1997). Rooted in liberation psychology (e.g., Quiñones-Rosado, 2020), this approach emphasizes sharing "self-crafted images" to tell fuller, more authentic stories of marginalized people, moving beyond merely documenting the harm of racism (Tuck 2009). Photovoice is ideal for this purpose as it allows AA participants to create and share visual representations of their lived experiences. It addresses the impact of racism on personal, interpersonal, and political levels, encouraging participants to become agents of change (Misra et al., 2020; Nykiforuk et al., 2011; Rocoroni & Tucker, 2024).

This article presents our liberatory healing project utilizing an online adaptation of Photovoice (e.g., Lichty et al., 2019; Wang & Burris, 1997) to center the power, experiences, and voices of AA in the U.S. in a time of heightened trauma, racism, and xenophobia. Photovoice entrusts cameras in the hands of community members, allowing them to record and reflect on their own strengths and needs to engage in critical dialogue (Wang & Burris, 1997). We asked AA around the U.S. to take photographs of their life with this question in mind: "What are your experiences during the early months of COVID-19 (March-June 2020)?" As a group of national AA activists, we sought to understand how our community wished to tell their stories and engage in social action towards collective change. To our knowledge, this is the first online Photovoice project using this novel process to document and center AA experiences.

### **Methods**

#### **Development of Asians\* in Focus Community Team**

First, we created a participatory team, representative of AA communities. Instead of conducting research "on" a sample of people, the participatory method calls on researchers to conduct studies in intentional partnerships "with" people, particularly among communities directly affected (Chan et al., 2021; Roncoroni & Tucker, 2024). With this in mind, we created a national interdisciplinary team of activists and scholars including Sriya Bhattacharyya, PhD., DJ Ida, PhD., Pata Suyemoto, PhD., Jennifer Nguyen, MA, LMHCA., Janet Namkung, BA., and Allyson Goto, BA. The Asians\* in Focus (AIF) team was established in collaboration with the National Asian American Pacific Islander Mental Health Association (NAAPIMHA). All team members represented both their respective AA communities as well as serving as researcher-participants (meaning they submitted photographs to the study and contributed to the study's conceptualization, implementation, analyses, write-up, etc.), a key element of participatory research (Datta et al., 2015). All team researcher-participants utilized their lived experiences to explore the key research questions and to offer a space for others in their communities to contribute. Team members self-identified as South Asian (1), Japanese (2), Mixed-Asian (2), Chinese, and Korean (2). They were embedded in local and national organizations serving AA and were physically located in New York, Denver, Aurora, Boston, Seattle, Washington D.C, and Cambridge, respectively. Each team member at least had education in basic undergraduate research methodology and was CITI certified. In May of 2020 the team launched a project titled *Asians\* Unmasked: A National Photovoice Project of Asian Americans' Experiences during COVID-19*. The ultimate goal was to "create a space dedicated to the sole purpose of telling AANHPI [Asian American, Native Hawaiian, Pacific Islander] stories, using the full range of artistic expression" (AIF website, 2020). Additional community partners including the Japanese Arts Network, Humanity Unmasked, Red Pocket Magazine, and Sakura Foundation, endorsed and promoted the project.

#### **Asians\* Unmasked Photovoice Project**

Photovoice effectively captures the needs of marginalized populations and allows individuals and communities to reflect upon both the strengths and needs of their own communities via photography by participants (Kim et al., 2019); additionally, it was accessible during a pandemic (Lichty et al, 2019). Therefore,

this methodology was suitable for the *Asians\*Unmasked* project, given our desire to support communities and engage them within the constraints of social distancing.

The project publicly launched in May 2020, in acknowledgement of both Asian Pacific American Heritage Month and Mental Health Awareness Month. The team sought to collect photographs and narratives about AA life and experiences during the early months of COVID-19 March - June 2020 (*Asians\* in Focus* <http://naapimha.org/asians-unmasked>) with the goal of launching an online photo gallery and hosting national community discussions.

### **Recruitment**

Individuals who identified broadly as AA were invited to submit photographs and accompanying text (*Asians\* in Focus* website, November 2020). Native Hawaiians and Pacific Islanders also were initially included in the project's recruitment, but given no submissions were received from these communities, the article will solely focus on AA and will discuss recruitment challenges in the limitations section. Submission invitations were sent via email blasts through partners networks, word of mouth, and social media (e.g., Instagram, AIF website). Additional AA organizations, such as Red Pocket Magazine, expressed interest in the project and re-shared the invitation to participate on social media.

At the time of submission, each participant was asked to sign a consent form that gave AIF permission to use participants' names, photo(s), description(s), and any additional information in print, in digital materials, and in advocacy and research. All fifty-five participants gave authorized consent. For the purposes of this article, we will only be displaying participants' first names. It was made clear to the participants that no incentives would be given for their submission and there were no exclusion criteria.

The Asians\* Unmasked project was a community art project available to the public online. The research team utilized this public archival data to complete the analyses described in this article. The project was reviewed and received expedited approval (#2022-13968-086680) through the Albert Einstein College of Medicine Institutional Review Board (IRB).

### **Participant Demographics**

At the time of submission, a total of 55 AA participants, ranging in age from 15 to 78, shared a total 82 photos though we capped per-person photo submissions at three. As such, we report demographics in two ways. First, we share the number and percentage of participants in the sample (out of 55 participants) in relation to their demographics. In the next column, we present the number and percentage of submissions (out of 82) in terms of the demographic characteristics of the participants who submitted them. We do this to both honor the individual participants, and the unique contributions of each photographic submission. Demographics related to ethnicity, location, and age were self-reported. Participants were not asked to disclose their gender, sexual orientation, or religion, as multiple categories of identity were not immediately relevant to our project. As a result, each participant will remain gender-neutral in our analyses and results/findings below. See Table 1 for participant demographics.

### **Procedure**

First, participants received information about the project, an introduction to the AIF team, justification for using photographs as research materials, and instructions for their participation. They were informed that the purpose of the project was to examine the experiences of Asian Americans during the early months of the COVID-19 pandemic. We asked participants to capture images of their phenomenological experiences as AA people living during the COVID-19 pandemic. Participants were invited to submit images captured during the COVID-19 pandemic related to a series of categories (e.g., resiliency and hope, connection and isolation, solidarity and activism) developed by the AIF team based on our lived experiences; participants were also allowed to create their own categories.

Second, participants described their photos in an open-text field. Participants were asked to elaborate on their submissions with an adaptation of the "SHOWeD Technique," a Photovoice technique used to facilitate

discussion and identify dynamics regarding social issues, (Wang & Burris, 1997). The traditional “SHOWeD Technique” questions include: (1) What do you **See** here? (2) What is really **H**appening here? (3) How does this relate to **O**ur lives? (4) **W**hy does this situation, concern, or strength exist? and (5) What can we **D**o about it? To increase accessibility, the AIF team used group consensus to synthesize these five questions into three: (1) How would you describe your image to someone who may be visually impaired? (2) What does your image mean to you? and (3) Based on your COVID-19 experience, what changes would you like to see in the world around you? After participants submitted images and corresponding text responses through an online portal (following the Lichty et al., 2019 method), we downloaded text submissions into a shared spreadsheet and our study team organized responses for a coding and analysis process led by two doctoral-level researcher-participants.

**Table 1**

Participant Demographics ( $N = 55$ ) and Demographics by Number of Submissions ( $N = 82$ )

	<i>n</i> (%) of participants	<i>n</i> (%) of submissions
<b>Ethnicity</b>		
Japanese-American	9 (16.3)	18 (22.0)
Chinese-American	6 (11.5)	10 (12.2)
Chinese	5 (9.09)	7 (8.54)
South Asian	5 (9.09)	8 (9.76)
Japanese	4 (7.27)	4 (4.88)
Filipino-American	4 (7.27)	4 (4.88)
Filipino	3 (5.45)	3 (3.66)
Mixed Japanese-American	3 (5.45)	3 (3.66)
South Asian-Indian	3 (5.45)	5 (6.10)
Korean	2 (3.64)	4 (4.88)
Vietnamese	2 (3.64)	4 (4.88)
Chinese-Vietnamese	1 (1.82)	3 (3.66)
Chinese-Scottish American	1 (1.82)	2 (2.44)
Chinese-Filipina	1 (1.82)	1 (1.22)
Chinese-Indonesian	1 (1.82)	1 (1.22)
Filipino-Sicilian	1 (1.82)	1 (1.22)
Hmong	1 (1.82)	1 (1.22)
Taiwanese	1 (1.82)	1 (1.22)
Of Hong Kong descent	1 (1.82)	1 (1.22)
Asian (unspecified ethnicity)	1 (1.82)	1 (1.22)
<b>Age</b>		
10-19	4 (7.27)	6 (7.50)
20-29	14 (25.5)	18 (22.5)
30-39	18 (32.7)	29 (33.8)
40-49	4 (7.27)	4 (5.00)
50-59	6 (10.9)	9 (11.3)
60-69	4 (7.27)	8 (10.0)
70-79	5 (9.09)	8 (10.0)

Table 1 continues on page 27

Table 1 (Continued from page 26)

State/Location	<i>n</i> (%) of participants	<i>n</i> (%) of submissions
New York	14 (25.5)	18 (20.7)
Colorado	12 (21.8)	21 (25.6)
California	8 (14.5)	16 (19.5)
Massachusetts	5 (9.09)	5 (6.10)
Washington	3 (5.45)	6 (7.31)
D.C.	3 (5.45)	5 (6.10)
Illinois	3 (5.45)	3 (3.67)
Florida	1 (1.82)	3 (3.67)
Ohio	1 (1.82)	2 (2.44)
Oregon	1 (1.82)	1 (1.22)
North Carolina	1 (1.82)	1 (1.22)
Minnesota	1 (1.82)	1 (1.22)
Maryland	1 (1.82)	1 (1.22)
India	1 (1.82)	1 (1.22)

## Reflexivity

Given the large size of our team, we will focus our researcher reflexivity on the two main project coders given their backgrounds and lived experiences had the strongest influence on the analytic process. Sriya Bhattacharyya a South AA, cis-gendered queer female, lived and worked in New York City at a hospital during the height of COVID-19 and has over a decade of qualitative research experience. DJ Ida, a Japanese American, Colorado-born female, has over 40 years' experience working with AA including direct services, policies, training and evaluation. The two primary coders maintained personal notebooks to document reactions, interpretations, and questions about submissions which they discussed in a weekly one on one meeting during the three-month coding period. They had discussions about the impact of present and historic trauma on salience and perception of information, both recognizing the mental tolls the pandemic and racism incurred. They recognized how their backgrounds informed their biases; for example, DJ was impacted by the incarceration of Japanese individuals and felt particularly sensitive to government attacks against AAs. Sriya worked in a hospital and was sensitive to the experiences of healthcare workers and people who had contracted COVID. The two coders journaled and had weekly discussions to manage their biases. At times, the primary coders needed additional input to reach agreement on their coding and would bring the data to the full researcher-participant team to review, a process described in detail below.

## Analyses

After image and textual submissions were downloaded, they were reviewed by Dr. Bhattacharyya and the AIF team. We took a participatory approach to data analysis, wherein two leaders and primary coders from the AIF who had the capacity to participate in the analysis process stayed on as co-researchers (Datta et al., 2015). We aimed to include a limited number of available researcher-participants to develop a study team that represented a diverse array of experiences from the AA community. The study team organized submissions in a shared spreadsheet organized by participant demographics, date of submission, location, and title of the image. Participant responses were organized according to which of the three research questions each participant responded to, submission category, stipulations to consent (i.e., they wanted their image shared but not their name), and any additional feedback participants chose to share.

We then took an inductive thematic approach (Charmaz, 2006; Thomas, 2006) to analyze the data. This bottom-up approach is often used in health and social sciences to allow findings (rather than research questions) to lead the way. Results thus emerged from participants' own words, using raw data rather than a pre-determined structure to identify domains and topics critical to understand our participants' experiences and image and textual data (Thomas, 2006). As the study's proposed question was open-ended and aimed to understand various domains of AA COVID-19 experiences, this approach was an appropriate fit for the data. The two primary coders, Dr. Bhattacharyya and Dr. Ida met weekly to discuss the findings, to further enhance trustworthiness of the data and to incorporate clarity and consistency checks (Thomas, 2006). This strategy involved three steps: creating a set of codes by interpreting the text; organizing these codes into overarching themes; and organizing these themes into domains.

### ***Coding Schema***

First, the two primary coder researcher-participants engaged in initial coding (Charmaz, 2006) and assigned segments of text an 'in vivo code,' or a summary of the text's core meaning as close to the participant's words as possible. For example, if a participant wrote, "I spent so much time on Zoom," we assigned that text with the code 'Zoom.' If a participant wrote, "I really felt lonely during that time," we assigned that text with the code 'lonely.' The two primary coders independently developed an initial set of in vivo codes, utilizing language directly from participants' narratives, and discussed their codes with one another. When there was agreement, a code was created, and when there was disagreement, they discussed the disagreement until an agreement was reached or brought to the larger team for consensus. This process took place over the course of three months with sets of 10 submissions until the entire data set had been reviewed. There was 100% inter-rater agreement between the primary coders during this second round of coding. In vivo codes were developed prior to organizing submissions into the five existing categories which allowed for novel themes to be captured in the coding. The five categories were referenced and where codes did not fit, a new code was developed. After the coding schema was finalized, the entire team reviewed the final coding structure comprised of 7 overarching domains. The team agreed the initial domain creation seemed reflective of submission data. We discussed that a benefit of this coding system was that it was driven by the data and by stakeholders who had identified relevant existing issues in their communities. The themes, however, were limited to the experiences of the project participants and may not be exhaustive of all AA experiences.

### ***Themes***

Second, the primary coder researcher-participants developed a set of themes to summarize overlapping content found in multiple codes. For example, codes such as 'Zoom,' 'FaceTime,' and 'video chat' were grouped into a theme called 'Virtual connection.' Each primary coder developed a set of themes independently, then met to discuss inconsistencies and consistencies, adjusting to reach consensus and develop a final set of themes to share with the larger researcher-participant team. A total of 49 themes were identified. The full data set was then reviewed by the researcher-participant team to ensure all content was captured by an existing theme, a process referred to as focused coding (Charmaz, 2006; Thomas, 2006).

### ***Domains***

Third, the primary coders entered these 49 themes into a spreadsheet and grouped them into seven overarching domains, or labels that represented the core constructs across the data. For example, themes such as 'virtual connection' and 'physical isolation' were grouped into the domain 'Connection and Isolation.' The first six domains mirrored the six initial submission categories participants were invited to consider when uploading images and data; this process of comparing domains and themes to the original research questions is deemed theoretical coding (Charmaz, 2006). We renamed these domains from the initial submission categories to more closely reflect the data. Additionally, a seventh domain was documented, which we called 'ways to change the world.'

This domain reflected action steps, a core component of Photovoice (Wang & Burris, 1997), and documented ways participants responded to this question: “Based on your COVID-19 experience, what changes would you like to see in the world around you?” Because of the breadth and actionable value of these responses, we created subdomains within the seventh domain to fully explore the data. Frequencies of themes were counted and considered in theme and domain development as to not overly emphasize researcher-participant perspectives. Domains are outlined in Table 2, with themes and subdomains beneath each domain. Table 2 also includes counts and percentages of submissions coded as belonging to each domain and subdomain.

Many submissions were categorized in more than one domain based on the frequency and relevance of the themes present in the submissions (Thomas, 2006). An image was categorized across domains when participants’ narratives aligned with domains outside of the categories they chose. For example, one coder categorized an image as part of the connection/isolation domain, and another placed an image in the resiliency/hope domain. When a situation like this occurred, the primary coders referenced their journals and outlined the steps that they took to arrive at the category/code, and if discrepancies in coding remained, they discussed these discrepancies with the larger research team. The primary coders shared their coding schema, domains, and subdomains with the larger researcher-participant team to see if the coding fit with their diverse lived experiences, a process akin to member-checking. The AIF team felt the domains and subdomains both accurately reflected their lives during COVID-19 as well as the data. After organizing the domains and subdomains, as a final step, the team conducted upper level or theoretical coding (Charmaz, 2006), in which relationships were specified among domains of in vivo codes to help tell a coherent analytic story. As such, the domains were chronologically organized based on the researcher-participants’ own COVID-19 narratives. The seven domains, their respective inductively derived subdomains, domain descriptions, and selected photographs and quotes are shared in the results and findings section to follow.

## Results

### Image and Textual Data

Photograph and text submissions about AA COVID-19 experiences during March-June 2020 were organized into seven overarching domains: (1) life and community changes, (2) connection and isolation, (3) racism and oppression, (4) health and mental health, (5) service to others, (6) resilience and hope, and (7) ways to change the world. Each domain and its sub themes will be elaborated upon in a “gallery” below and supported with photographs and text quotes from participants’ submissions. In Table 2, we present a summary of our findings. This includes the frequency of submissions (i.e., photographs) that were coded as matching each domain and subdomain. Specifically, 55 individuals submitted 82 photographs, so frequencies here refer to the number of submissions to honor the full breadth of experiences shared. It is important to remember while reviewing the findings that participants were not surveyed so it is possible multiple participants were experiencing additional categories but did not focus on them in their submission. Rather, these findings reflect what was salient to participants about their COVID-19 experiences.

### Domain 1: Life and Community Changes

The first domain captured life and community changes. COVID-19 had a ripple effect on almost all aspects of AAs’ life resulting in change at the individual, community, national, and global levels. Some of these changes

included working from home, celebrating graduations and birthdays in new and creative ways, and grocery shopping while socially distancing and wearing masks.

In this photograph, Mike, a new parent, explained the challenges faced during the pandemic:

“Not only has my world drastically changed with the birth of my son, but the hospital experience was also changed. My son saw only part of my face for the first several days of his life because masks were required while he was briefly in the NICU.”

### ***Changing Plans and Situations***

Nineteen of the submissions related to changing plans and situations because of the pandemic. Edward, a 69-year-old Chinese American from Oakland, California submitted a photograph of a man pretending to row a gondola. Edward stated:

“One of the hardest things about life during Covid-19 is the abrupt cancellation of travel. [...] We sent this picture out to recall happier times when we enjoyed an afternoon in the Venice canals. Don't surrender to sadness and anxiety. Find the funny where you can.”

### ***Loss of Financial Security***

Two of the submissions expressed the loss of financial security. Rumi, a 38-year-old Japanese from Seattle, Washington described difficulty operating a small business deemed essential during the height of the pandemic:

“Operating on 50% of pre-outbreak sales on a good day, trying to keep 14 hired people employed, navigating to get financial assistance and adhere to new requirements with little to no guidance, dashed dreams after being on track for months of having solid financial standing in order to grow the business. [...] Fighting with every other business in the industry for supplies needed to operate [...] and working far too much while having countless sleepless nights.”

### ***Working from Home***

Six submissions highlighted both the challenges associated with working from home, as well as the new and innovative solutions. Mary, a 28-year-old Filipino American from Washington, D.C., took a picture of her now multipurpose living room:

**Figure 1.**  
*My New Normal*



“Our small living space is multi-functional. Since COVID-19, it is not only a place to eat or watch Netflix, but it is also an office for two people, a workout area, a 3D printing space, and a space to connect virtually with friends and family, near and far. It's not always easy quarantining in a small space, but we make it work!”

### ***Wearing Masks***

Twenty-one submissions reported the critical importance of wearing a mask. Janet, a 31-year-old Korean from Washington, D.C., described how wearing a mask quickly became a “new normal.”

“[...] Since the start of the pandemic, the key holder has now transitioned to a mask holder. For the last three months, it's been a constant reminder of the importance of having a mask with me at all times when passing the barrier of my apartment door. It's my new normal, and probably for many others as well.”

### **Domain 2: Connection and Isolation**

A common theme also identified was connection with family through dinner meals, conversations, and reflecting on culture and heritage. Many submissions focused on creative solutions to maintain connections with family and friends by scheduling virtual video and phone calls and coordinating socially distanced meet-ups outdoors. Dao, a 28-year-old individual from Denver, Colorado, took this picture of her grandmother to illustrate both connection and isolation.

“[This image] shows what visiting my grandma looks like during the quarantine. My sister and I have set up a sitting area outside of her house and we are talking to her through the screen door.”

**Figure 2.**

*Through the Screen No.1*



### ***Physical Isolation***

Twenty-six participants reported feelings of anxiety, loneliness, and isolation. Sasen, a 37-year-old South Asian from Los Angeles shared a photograph of a taiko player standing in front of a drum, ready to play.

“This is how we practice now. I am lucky--I was able to bring home one of my group's huge *chudaiko* drums. Even with layers of towels, I strike the drum as lightly as possible, to avoid annoying my neighbors. It is deeply lonely practicing alone; this music was meant to be played together.”

### ***Virtual Connection***

Eleven submissions captured the new and creative ways of connecting through Zoom and various other digital platforms. Glenn, a 55-year-old Japanese American from Lafayette, Colorado, stated:

“Connections were made during the pandemic that transcended the isolation. My mother is in a memory care facility that offers weekly Zoom calls to connect with loved ones. I set up a call so my mother could see and interact with a dear friend who she had not seen for quite some time and to converse in pure Japanese conversation. It was a joyful, yet bittersweet experience. [...]”

### **Family Connection**

Thirty-six submissions emphasized family connection. Some participants felt connected to their ancestors and heritage by recalling past stories or photographs, while others connected with their family through Zoom. Many also bonded through cooking. Jennifer, a 33-year-old from Seattle, Washington, described a photograph of a very burnt eggroll. Jennifer stated:

“[...] My parents own a Chinese restaurant, and they would never let me and my sibling cook.... I have since moved away from home with zero cooking skills, but in quarantine, my go-to restaurants are closed. I had to take matters into my own hands and try to cook. Thankfully, my Dad and Mom offered to help me and my partner out by giving us virtual "cooking lessons." [...] It allowed my parents and I to connect and share a story during quarantine. [...]”

### **Domain 3: Racism and Oppression**

The third domain focused on racism and oppression. During the height of the pandemic, many AA experienced the dual burden of the pandemic and anti-Asian and anti-Black racism. This discrimination and racism was a reminder that intolerance and insensitivity take many forms, including on the interpersonal, institutional and systemic levels. This photograph illustrates a shattered glass screen and a poster on the side of a New York City public phone booth after a night of protests. The photographer wished to remain anonymous.

“It depicts a close-up portrait of a young Asian woman with the caption: ‘I should have the right to take pride in my heritage without being told to go back to my country.’ At the poster’s bottom, the text reads ‘You Do Have the Right’ and is sponsored by the Commission on Human Rights and the Office of the Mayor. The glass covering the poster is almost completely broken, with shattered pieces along the bottom of the frame.”

### **Historical Racism**

Ten submissions drew attention to historical racism on the Asian community. Stacey, a 57-year-old Japanese American from Denver, Colorado submitted a photograph of running shoes and a mask.:

**Figure 3.**  
*Poster on street, glass broken*



“[...] I wear shoes that I can run in - to avoid potential name calling or, God forbid, a violent situation. I never thought this level of fear would arise in 2020: fear of the ignorant and hateful discrimination that echoes the treatment that my parents faced in WWII as they were shipped off to concentration camps. [...] The question continues to ripple through our country: Why? As in “Why are people so hateful?” “Why can’t we learn from the mistakes of the past?” “Why can’t we see and focus on what all we have in common?” “Why can’t we live and let live?”

### ***Anti-Asian Racism during COVID-19***

Nineteen submissions described anti-Asian racism during COVID-19, including: violence against AA, resulting in microaggressions, racial slurs, physical violence, alienation, and extreme physical distancing. Maxine, a 20-year-old mixed Japanese American from Boston, Massachusetts submitted a photograph of iPhone notes with the caption: “When will I not be an alien, a virus, a myth, a fascination, a threat, someone the world wishes to silence?” Maxine stated:

“[...] I felt the shift in the air as I sat in public. Extra cautious of my actions, the actions of others around me, and I had just spoken with my friends about the Asian Australian man who died because nobody wanted to give him CPR two days prior. The shift in the air while intense, was and always has been a familiar one.”

### ***Anti-Black Racism & Police Brutality***

Fourteen submissions highlighted anti-Black racism and police brutality. In June 2020, following the murder of George Floyd we saw a resurgence in the Black Lives Matter movement in the U.S. Yun, a 30-year-old Chinese participant from Chicago, Illinois, expressed:

“[...] Ahmaud Arbery was shot jogging. Breonna Taylor was shot in her bed. George Floyd was choked [for] using a fake \$20 bill. Christian Cooper had the cops called on him birding. Tony McDade and Nina Pop were murdered for being Black trans. My apartment door seems to shut out discrimination but does not stop racism. [...]”

### ***Ableism/Other Forms of Intolerance***

Two submissions related to ableism and other forms of intolerance. Grace, a 42-year-old Chinese-American from Des Plaines, Illinois, described their experience of being a member of two marginalized communities during the pandemic:

“[...] As a person with limited lung function it is hard enough knowing that there is a virus that may be able to kill you without the pervasive racism and ableism that is permeating through society. Discussions and efforts concerning medical rationing during this crisis that deems my life as less worthy of saving over someone without chronic conditions devalues people like me as human beings. Being a disabled Chinese American woman during this time in our history has taken a toll on the state of my mental health.[...]”

#### Domain 4: Health and Mental Health

While health and mental health were reflected in all the domains/galleries, the images in the fourth domain focused specifically on the health and mental health impact of COVID. Many participants reported anxiety and depression related to the fear of contracting the virus, exacerbated by their isolation and separation from their family and loved ones. Linghua, a 23-year-old Chinese participant from Chicago, Illinois, reported her experience with depression, anxiety, and loneliness during the pandemic.

“This is a black-and-white photo taken from early morning in my apartment in Chicago and you can see me [...] sitting on the bed holding a stuffed animal and buried my face in it. I looked desperate and lonely with the lights from the window casting shadows on the wall behind me.”

The photograph above also represents the subdomain *emotional impact from COVID-19* below.

#### ***Emotional Impact from COVID-19***

Thirty-one submissions captured the emotional impact from COVID-19. Many described fear, anxiety, and depression. Linghua described her experience of being alone during the early months of quarantine. She stated:

“When your life is 24/7 inside a confined space, the quietness of living alone suddenly became insufferable. I’ve long suffered from depression and anxiety associated with my life in a foreign country... All of a sudden, the pandemic and stay-at-home order destroyed my coping mechanisms. The lack of human interactions and being far away from my home country led to multiple serious mental breakdowns. For a while, I lost the motivation for everything: work, socializing, and even performing some daily activities like cooking and cleaning.”

#### ***Emotional Impact of Racism***

Fifteen submissions described the emotional impact of racism as a result of violent attacks, scapegoating, and extreme physical distancing. Exacerbated by mainstream media’s portrayal of AA coupled with the lack of adequate responses from leaders to prevent misinformation and acts of racism/discrimination, many shared widespread fear and anxiety. Some participants were fearful to even leave their homes and others expressed judgement they felt from others in public. Stacey, a 57-year-old Japanese-American from Denver, Colorado, shared feeling fearful and out of control:

“[...] There are still those who choose to lash out at and ignorantly blame Asians for the virus. The virus does not discriminate. The virus scares us. The virus makes us feel out of control. The discrimination also scares us and makes us feel out of control.”

**Figure 4.**

*A Self-portrait of Isolation during COVID-19*



### **Health Impact from COVID-19**

Seven submissions identified health concerns related to COVID-19. Some participants were affected directly by the virus, while others knew of friends or family that contracted the virus. Elisa, a 59-year-old participant from Seattle, Washington, described a photo from May 6th, 2020, that was featured on the front page of the Seattle Times.

“[...] [This picture] is of my husband, Michael Flor, applauded by hospital staff when he was discharged from the Swedish Hospital ICU after battling COVID 19 and its complications for two months. The image captures the celebration of a miraculous survival, but also acknowledges the dedication of medical providers who worked tirelessly and compassionately to save his life. [...]”

### **Figure 5.**

*Masked*



### **Self-Care**

Seven submissions described ways in which participants engaged in self-care throughout the early months of the pandemic. Some participants took daily walks while others journaled, called family and friends over Zoom, or picked up a new hobby while quarantined. Richard, a 78-year-old Japanese-American from Denver, Colorado, described his experience staying healthy:

“Being older and part of a “vulnerable” population makes me very conscious of taking care of my health. Sitting at home is safe but hard to do without getting a little stir crazy. I live near a park [...] It feels good to take the mask off and get a breath of fresh air. I feel very fortunate that I get to do this on a regular basis.”

### **Domain 5: Service to Others**

The fifth domain captured service to others. This service took many different forms. Asian American physicians, nurses, and other healthcare professionals worked tirelessly through incredibly long and dark hours in hospitals and other healthcare settings. Many were unable to see their family due to their fear of spreading the virus. In the photograph above, Dr. Sun steps outside on April 13, 2020, to take a break during the nightly 7 PM applause of appreciation from the neighborhood in NYC. Dr. Sun wrote:

“Since then... I’ve worked 35 shifts (all 10-12 hours long) across numerous ERs in mostly the Bronx, Queens, and Brooklyn (and a few in Manhattan), added 3 new ERs to my roster, met so many supporters, while also losing colleagues, friends, and my grandfather to COVID-19 [...] I needed to breathe. I needed to know if I was still alive.”

Service to others also included support for small businesses who were struggling to survive, donating masks to healthcare workers and those who could not afford them, creating online service projects and tutoring programs, and providing emotional and mental support to family and friends.

### ***Healthcare Services***

Seven submissions related directly to healthcare services during the pandemic. Many were from healthcare workers, including doctors, nurses, respiratory therapists, emergency medical technicians, and many others, who worked longer hours, rationed personal protective equipment, limited their interactions with their family members and friends in fear of spreading the virus, and sacrificed their lives for the safety and well-being of others. Many were in a constant state of psychological stress and anxiety, which will likely result in post-traumatic stress disorder, anxiety, and depression in the long run. It is critical, therefore, that we employ strategies to care for the mental health of our healthcare workers.

Arlene, a 40-year-old Chinese and Filipina from New York described her experience working on the front lines of the pandemic:

“[...] I was deployed to work 12-hour overnight shifts to care for PUIs and COVID-19 patients. . [...] People asked me, “Were you scared?” Yes, but not as scared as they were of being the next ones to need ventilators, or the next ones to die. [...] I was scared, also, but I was there to serve them.”

### ***Supporting Others and Activism***

Fifteen submissions identified ways to support one another during the pandemic.

Jennifer, a 33-year-old woman from Seattle, Washington, submitted a photograph titled “#WhitecoatsforBlacklives” standing in solidarity with the Black community:

“A crowd of thousands of healthcare workers, therapists, social workers, doctors, and nurses standing together in masks in the street, on the sidewalk, and peacefully protesting to stand against racism and the injustices that the Black community has faced. [...] The deaths of George Floyd and Breonna Taylor in the pandemic has brought out the fire of this country. The black community has cried out for help, and we are not going to sit quiet and let it happen anymore.”

### ***Teaching and Other Services***

Seven submissions related to teaching and other services. Many participants employed creative strategies to teach online classes through Zoom and other virtual platforms. Toby, a 15-year-old Chinese-American from Lexington, Massachusetts, created an online peer mentoring program to engage middle and elementary school students. Toby expressed:

“[...] MentorOn [...] equips high school students to advise and support their younger counterparts, with BC students serving as trainers. Together, they are creating an expanding, virtual neighborhood and a safe space for kids to have conversations with high school students about coping though quarantines, school and life transitions.”

## Domain 6: Resiliency and Hope

Many of the images in the sixth domain reflected the power of resilience, humor, creativity, inner strength, community, and spirituality, as 2020 tested the world in unprecedented ways. Some participants celebrated surviving COVID-19, and others recognized the contributions of AA in history, encouraging and empowering younger generations to hope for a better future. Aryani, a 51-year-old Chinese-Indonesian from Rockville, Maryland, sent an image of a collage celebrating important AA role models:

“Th[is] photo shows drawings and paintings of prominent Asian Americans and emblems of their contributions to the US. Drawn by K-12 students, the artwork are splashes of colors that are as bright as the futures of the burgeoning artists themselves.”

Many participants also celebrated in unique and creative ways. The photograph above represents the subdomain *celebration* below.

### **Spirituality/Cultural Pride**

Seventeen submissions reflected spirituality and cultural pride. Devon, a 22-year-old Japanese-American from Sunnyvale, California, submitted a photograph of his family’s *Obutsudan*, a Buddhist Alter, taking great pride in his ancestry.

[...] It was hand carved by my great grandfather's friend and given to him as a gift when he left for America over 100 years ago. When my family was incarcerated in the Poston Concentration camp they left it at the Salinas Buddhist Temple in hopes that it would be kept safe from looters or people who would bring harm to it. Now, it sits in my grandma's house as a symbol of hope and resilience. This Obutsudan is a symbol of not only my family's resilience but the resilience of the APIA community that has continued to fight for our rights to belong in America.”

### **Celebration**

Five submissions captured the unique and creative ways participants engaged in celebration throughout the pandemic. Some described their experience completing their doctoral thesis, while others celebrated virtual and socially distanced graduation ceremonies. Glenn, a 55-year-old Japanese American from Lafayette, Colorado, submitted a photograph of a high school “drive-thru” graduation. Glenn stated:

“[...] He's wearing a mask to be considerate of others while also showing the joy in seeing many neighborhood residents come out and support the long parade of vehicles with happy graduates who could not experience a traditional celebration due to the virus. It was a very uplifting experience for audience, family and graduates alike.”

### **Physical Activity**

Eleven submissions reflected the ways in which participants engaged in physical activity. Some incorporated walks into their daily routines, while others began to teach tai chi and dance classes through Zoom. Edward, a

**Figure 6.**  
*Celebrating Role Models*



69-year-old Chinese-American from Oakland, California, described how his daughter Sara, found joy during the lockdown while prioritizing physical activity throughout the day. Edward reported:

“My daughter Sara was sheltering in place with me away from her friends [...] She enjoys a dance class with housemates via zoom.”

### ***Creativity***

Eighteen submissions focused on ways in which participants engaged in creativity and innovation during the pandemic. Many picked up new hobbies (e.g., music, journaling, and writing). Pollyanna, a 30-year-old Filipino/Sicilian participant from Brooklyn, New York, submitted a photograph of a watercolor painting that she started back in January of 2018 and picked up during the pandemic.

“[...] In 2020, while quarantined in Brooklyn, I dug through my old portfolio and found the original painting. I saw it with fresh eyes and gathered a new appreciation for the work I started. The extended period of time in my apartment compelled me to find inspiration in what I already had: a value of nature and potential for growth. The mulberry branch with ripe berries, speckled purple egg, and dreamy blue sky were all added in a few days, signifying a renewed confidence in my instincts and creativity.”

### ***Hope, Gratitude, Resilience***

Twenty-five submissions talked of hope, gratitude, and resilience. The year 2020 was challenging for many AA. Despite this, many people expressed ways they built resilience and fostered gratitude. They did this by expressing and sharing both negative and positive emotions, maintaining social supports, and engaging in coping and stress reduction strategies. DJ, a 70-year-old Japanese American from Denver described her close connection to her family and how she found peace and solitude throughout some of the most challenging days. She stated:

“COVID-19 has forever changed our lives. I miss being able to visit friends and family whenever I want. I find myself constantly thinking I should be doing more but at the end of the day, when the house is quiet, and I feel pulled in many directions, I light some incense, think of mom and dad who passed away many years ago and I find the peace and quiet that is hard to find when things feel so hectic.”

## Domain 7: Ways to Change the World/Calls to Action

The final domain reflected participants' answers about the ways that they wanted their world to change. While some provided specific actions such as change in leadership, improved healthcare systems, and revamping the current work structure, others emphasized the need for more openness and compassion and treating others with respect and empathy. This domain was divided into seven subsections, representing a unique pathway identified by participants for advancing social change. Each subdomain includes "action steps," as shown in Table 2.

### *End Racism*

This subdomain included the following action steps: (a) end Anti-Asian racism, (b) stand up for Black lives, (c) end white supremacy, and (d) build coalitions. Pata, a 58-year-old mixed heritage Japanese American from Woburn, Massachusetts stated:

"I live in a country where systemic racism and oppression are the norm and this must be changed. As AAPIs, we need to build coalitions with the Black, Latinx, and Native communities to fight the injustice that we experience in solidarity. We cannot sit passively and silent while others are oppressed. We also need to understand that the model minority is a myth that has been used against us to pit us against other people of color. As AAPIs we need to stand up and fight for racial equity and justice."

### Figure 7.

*Ways to Change the World & Calls to Action*



### ***Improve the Health and Mental Health Systems***

The second subdomain focused on improving the health and mental health systems. This subdomain included the following action steps: (a) strengthen responses to COVID-19, (b) institute universal healthcare, paid sick leave, and food security, (c) increase access and appropriate services, and (d) advocate for health and mental health promotion. Grace, a 42-year-old Chinese-American from Des Plaines, Illinois, expressed:

“[...] The pandemic has also highlighted our lack of a national safety net. Having universal healthcare, universal basic income, paid sick leave, and guaranteed childcare is a need not a want. I hope that our nation will begin to address these needs in a substantial way. [...] The devastating effects of COVID-19 on the nursing home population also illustrates the importance of providing home health and personal assistant services so that people can live in the community. I hope that we can move toward this goal.”

**Table 2**

*Summary of Results (N = 82)*

<b>Domain</b>	<b>Frequency</b>	<b>Percentage</b>
Domain 1: Life and Community Changes	48	58.5
Changing Plans and Situations	19	23
Loss of Financial Security	2	2.43
Working from Home	6	7.32
Wearing Masks	21	25.6
Domain 2: Connection and Isolation	73	89.0
Physical Isolation	26	31.7
Virtual Connection	11	13.4
Family Connection	36	43.9
Domain 3: Racism and Oppression	45	54.9
Historical Racism	10	12.2
Anti-Asian Racism during COVID-19	19	23.2
Anti-Black Racism and Police Brutality	14	17.1
Ableism and Other Forms of Intolerance	2	2.44
Domain 4: Health and Mental Health	60	73.2
Emotional Impact from COVID-19	31	37.8
Emotional Impact of Racism	15	18.3
Health Impact from COVID-19	7	8.54
Self-Care	7	8.54
Domain 5: Service to Others	29	35.4
Healthcare Services	7	8.54
Supporting Others and Activism	15	18.3
Teaching and Other Services	7	8.54
Domain 6: Resiliency and Hope	76	92.7
Spirituality and Cultural Pride	17	20.7
Celebration	5	6.10
Physical Activity	11	13.4
Creativity	18	21.9
Hope, Gratitude, and Resilience	25	30.5

*Table 2 Continues on page 41*

Table 2 (Continued from page 40)

Domain	Frequency	Percentage
Domain 7: Ways to Change the World After COVID-19		
End Racism	37	45.1
End Anti-Asian Racism	12	14.6
Stand Up for Black Lives	12	14.6
End White Supremacy	8	9.76
Build Coalitions	5	6.10
Improve Health and Mental Health Systems	40	48.8
Strengthen Response to COVID-19	20	24.4
Institute Universal Healthcare, Paid Sick Leave, Food Security	8	9.76
Increase access and appropriate services	7	8.54
Advocate for Health and Mental Health Promotion	5	6.10
Fix Leadership	27	32.9
Change Leadership	17	20.7
Broaden Leadership	5	6.10
Enforce Police & Leadership Accountability	5	6.10
Ensure Economic Justice	21	25.6
Support Small Businesses & Black and Brown Labor	8	9.76
Institute Universal Basic Income, Housing, and Childcare	7	8.54
End Capitalism	4	4.88
Extend Unemployment Benefits	2	2.44
Change Work Conditions	8	9.76
Connect Virtually & Use Technology	6	7.32
Institute a Four-day Work Week	2	2.44
Protect the Environment	4	4.88
Be Compassionate	52	63.4
Create a Compassionate & Collective Society	35	42.7
Engage in Self-Education	12	14.6
Practice Self-Compassion	5	6.10

### ***Fix Leadership***

The third subdomain focused on improving leadership through (a) change in leadership, (b) broaden leadership, and (c) enforce police and leadership accountability. Yun, a 30-year-old Chinese from Chicago, Illinois, stated:

“[We need] effective leadership based on empirical evidence of public health, epidemiology, medicine, psychology, etc., rather than political ideology, capitalist interests and personal ego. Accountability of authority and law enforcement. There must be personal willingness and responsibility to examine sources of entitlement, financial stimulation and support for communities disproportionately impacted by the pandemic, and training of police, and enforcement of proven effective policies to stop police brutality.”

### ***Ensure Economic Justice***

The fourth subdomain focused on economic justice and it included the following action steps: (a) support small businesses and Black and Brown labor, (b) institute universal basic income, housing and childcare, (c) end capitalism, and (d) extend unemployment benefits. Jordan, a 29-year old Filipino-American from Glen Ellen, California reported:

“My hope is that as time goes by, we continue to support our local businesses and restaurants because they are truly the ones that make up the fabric of our communities. I hope that we continue to make strives to take care of our most vulnerable members of our society [...].”

### ***Change Work Conditions***

The fifth subdomain identified two action steps to change work conditions: (a) connect virtually and use technology, and (b) institute a four-day work week. Sriya, a 33-year-old South Asian Indian from Bronx, New York, revealed:

“I would like to witness economic justice and more access to electronics to connect with others from afar. I'd like for us to learn that the busy lifestyle is not necessary, and perhaps change to a 4-day work week.”

### ***Protect the Environment***

The sixth subdomain emphasized the importance of taking action to protect the environment. Sriya also expressed the following:

“I [...] hope for better climate practices and reduced emissions [...] More love to mother earth, more time in the capitalist system to be in relationship with the earth and with community neighbors and families.”

### ***Be Compassionate***

The seventh subdomain by far the largest, outlined the following calls to action: (a) create a compassionate and collective society, (b) engage in self-education, and (c) practice self-compassion. Devon, a 22-year old Japanese American from Sunnyvale, California, stated:

“The outbreak of Covid-19 has shown privileged Americans the inequalities that have been built into the very structure of our society. It has also shown that our "acceptance" always has and always will be conditional in the eyes of White America. My hope is that Asian Americans begin to further educate ourselves in our own history and the history of other marginalized groups to create a society where justice prevails.”

## **Discussion**

Our findings highlighted participants' experiences as they grappled with the global impact of COVID-19, xenophobia against AA, and the mental and emotional health tolls of the pandemic and their recurrences of historical trauma. Themes emphasized unique ways in which AA were impacted by the various stressors they experienced since the start of the pandemic. These themes also offered a blueprint for social action. Participants experienced various life transitions during the pandemic; some participants graduated during the pandemic, some served on the front lines in hospitals, some picked up new hobbies while quarantined, and some attended protests to stand up against anti-Black racism. They also experienced a range of emotions like loneliness, anxiety, and uncertainty for the future. Some felt anxious being in public for fear of racist attacks while others felt deeply isolated being at home. Others expressed concern about the current government and political leaders. At the

same time, many participants also felt empowered to fight for a better and brighter future. Our novel national Photovoice project offered the AA community space to hold, value, and share these similar experiences. The seven thematic galleries illustrated these unique and shared experiences.

### ***Scholarly Implications***

There are many scholarly implications generated from this study. First, the findings underscore the well-documented yellow peril-model minority dialectic (Kawai, 2005; Reny & Barreto, 2020). Participants reported the pervasive and historical anti-Asian racism they felt and related depression and anxiety, consistent with current research on the mental health impacts of COVID-19 on AA (Ibrahim et al., 2024). Historical trauma previously documented for AA (Sotero, 2009; Yi et al., 2023) was clearly exacerbated during the early months of the pandemic, leading to isolation and fear. However, as this project was designed by and for people in the AA community it documented experiences that extended far beyond the yellow-peril and model minority frameworks. Through this participatory methodology (Roncoroni & Tucker, 2024) we gained insights not only into the impacts of racism and mental health, but also into life and community changes. This included the loss of financial security, the shift to virtual connection and physical isolation, the development of strategies and practices to serve others, avenues for resiliency, experiences of hope and, most importantly, a blueprint for social action vis-à-vis participants calls to change the world in the wake of COVID-19. This blueprint is consistent with participatory research that engages community stakeholders as researcher-participants facilitates grounded, relevant, and actionable insights, especially within communities facing extreme distress. This Photovoice project took a critical step toward identifying community-based solutions to the traumatic impacts of the pandemic, which will undoubtedly have long-lasting psychological and social consequences.

An important distinction between this and other Photovoice projects was that past projects typically involved in-person training workshops and group dialogue sessions (Desyllas, 2018). However, research has shown that many past Photovoice projects have been small, geographically isolated, and resource intensive, limiting the potential to reach a diverse audience to ignite radical social change (Lichty et al., 2019). Acknowledging this concern, and as a consequence of social distancing and stay-at-home orders during the early months of the pandemic, the Asians\* in Focus team spearheaded one of the few entirely virtual Photovoice projects, reaching a wide-ranging audience in fourteen states in the U.S. We learned this project provided an avenue for AA to stay connected, especially during a challenging period permeated with uncertainty, fear, and isolation. The online project was uniquely accessible as it required no additional materials or resources other than a mobile device and/or camera to take and submit photographs. The opportunity to submit photographs digitally can provide an important contribution to participatory research in an increasingly globalized and isolated world.

The design of this online Photovoice project highlights its value as a therapeutic methodological tool with great potential to capture day-to-day experiences. This methodology, rooted in participatory research and liberation psychology, seeks to center community voices and uplift their resilience strategies during intense emotional and mental health crises. Beyond data collection, this participatory research project contributed to the online praxis of this form of research. It provided opportunities for national connections as participants were able to meet one another virtually and “visit the gallery” together during the launch party held in July 2020. During this party, the AIF team disseminated results, explained the origins of the project, featured participants’ stories through short videos, previewed the online galleries, explained photo data analysis, illustrated the calls to action featured in Domain 7, and facilitated a discussion about the project. Following these discussions, participants informally evaluated the impact of the project vis-à-vis expressing gratitude to the research team and their fellow participants for creating a powerful avenue that provided space to share their individual experiences and find comfort through the recognition of their experiences. This project exemplifies how researchers can leverage technology and online participatory methodologies, such as Photovoice, to amplify the knowledge of geographically diverse community members and foster a sense of collective identity and resilience among them.

### ***Implications for Social Action***

Our project also has many implications for social action. The ultimate goal of Photovoice is to work towards informing internal, interpersonal, and political change by creating liberatory, community art that empowers those most impacted by social issues to reflect on and share their personal experiences. In Domain 7, participants' responses to change the world after COVID-19 included: (1) end racism, (2) be compassionate, (3) improve health and mental health systems, (4) fix leadership, (5) ensure economic justice, (6) change work conditions, and (7) protect the environment. In building an AA psychology of liberation, these calls to change oppressive conditions provide a framework for psychologists and community members to use to inform social action (Quiñones-Rosado, 2020). As such, the entire AIF team took these requests from participants to assemble accessible, concrete seven avenues (calls to action) to engage in change including (1) stand up for Black lives, (2) end White supremacy, (3) build coalitions, (4) strengthen responses to COVID-19, (5) institute universal healthcare, paid sick leave, and food security, (6) increase access and appropriate services, and (7) advocate for health and mental health promotion. These calls to action were launched as infographics on the AIF website and Instagram page to enhance community engagement, encourage active resistance against the racist and discriminatory political context, and mobilize the AA community to fight for these changes.

Psychologists and mental health professionals can bring these calls to action to life. As part of our prevention and intervention efforts to support AA communities, we can engage in activism towards racial, economic, and environmental liberation. This can be done by partnering with existing social movements and utilizing the resources of universities and agencies to support activism. Additionally, we can continue to advocate for and prioritize the establishment of ethnic-specific mental health centers, while recognizing the unique contextual stressors for AAs such as anti-Asian xenophobia to guide culturally responsive therapeutic interventions. Psychologists also can develop and participate in ongoing training and education programs, centering their knowledge of communities with lived experience. Through this we can co-create mental health programs, and support and conduct innovative, therapeutic research processes and initiatives (like participatory and arts-based research) to prioritize AA voices in shaping mental health discourse and services.

### ***Limitations and Future Directions***

Although our online Photovoice project was able to reach a broader audience, leading to more cross-community connection, there were challenges to sustaining these connections. This included a lack of physical space for participants to meet on a regular basis and the need for a central community leader to facilitate small group discussions to engage all participants. We also acknowledge that our online platform may have been inaccessible to some communities, particularly individuals who did not speak English as their first language, and persons who had difficulty accessing or navigating technology. Further, due to the public and community-based nature of this project, our analyses were not disaggregated from participants' demographics. Therefore, our ability to interpret any challenges, expressions of resilience, and experiences that may be unique to specific AA subgroups or intersectional identities was limited.

Future research can follow up on this project by more deeply understanding the mental health impacts of COVID-19 on the AA communities and by further comprehending the protective factors that mitigate the adverse impacts of racism and xenophobia. AA groups can be engaged through creative elicitation methodologies such as Photovoice, qualitative interviews, and surveys to develop community-centered, culturally relevant research strategies (Roncoroni & Tucker, 2024). Finally, we need to improve our outreach to Pacific Islander (PI) and Native Hawaiian (NH) communities. Their experience is often radically different from AA who arrived in the U.S. as immigrants and refugees while the PI and NH communities were victims of colonization by the U.S (Godinet et al., 2020). Failing to recognize the diversity of AA, NH, and PI communities can mask potential critical differences which have direct implications for developing culturally and linguistically responsive care. Improving outreach to

the PI and NH communities can strengthen our understanding of each group's strengths and their creative ways of healing in the future.

Our project is one of a few to explore how AA survived and thrived during the pandemic and it called attention to how creative outlets like Photovoice, are designed to heal and empower marginalized communities. Moving beyond damage-centered research (Tuck, 2009) and building on the field of AA liberation psychology (Quiñones-Rosado, 2020), our project allowed AA to use their voice to define for themselves who they were outside the racist stereotypes that falsely blamed them for the pandemic. It highlighted their resilience and resistance in the face of pervasive racism, historical trauma, and collective uncertainty.


### **Author Note**

Correspondence concerning this article should be addressed to: Sriya Bhattacharyya, PhD., 630 W. 168<sup>th</sup> Street, New York, NY, 10032, sb4479@cumc.columbia.edu

### **Author ORCID iDs**

Sriya Bhattacharyya: sb4479@cumc.columbia.edu  <https://orcid.org/0000-0003-4749-8048>

Ellen Y. Park: parke5@mskcc.org  <https://orcid.org/0000-0002-0553-2511>

Janet Namkung  <https://orcid.org/0000-0002-0912-7230>

### **Declaration of Interest Statement**

The authors declare no conflicts of interest in relation to this work.

## References

- Asians\* in Focus. (n.d.). *Asians\* Unmasked*. <http://naapimha.org/asians-unmasked>
- Chan, C. D., Harrichand, J. J., Anandavalli, S., Vaishnav, S., Chang, C. Y., Hyun, J. H., & Band, M. P. (2021). Mapping solidarity, liberation, and activism: A critical autoethnography of Asian American leaders in counseling. *Journal of Mental Health Counseling*, 43(3), 246-265. <https://doi.org/10.17744/mehc.43.3.06>
- Charmaz, Kathy. (2006). *Constructing grounded theory: a practical guide through qualitative analysis*. Sage Publications. <https://doi.org/10.7748/nr.13.4.84.s4>
- Datta, R., Khyang, N. U., Prue Khyang, H. K., Prue Kheyang, H. A., Ching Khyang, M., & Chapola, J. (2015). Participatory action research and researcher's responsibilities: an experience with an indigenous community. *International Journal of Social Research Methodology*, 18(6), 581-599. <https://doi.org/10.1080/13645579.2014.927492>
- Desyllas, M. C. (2013). Using photovoice with sex workers: The power of art, agency and resistance. *Qualitative Social Work*, 13(4), 477-501. <https://doi.org/10.1177/1473325013496596>
- Godinet, M. T., Vakalahi, H. O., & Mokuau, N. (2019). Transnational Pacific Islanders: Implications for Social Work. *Social Work*, 64(2), 113-122. <https://doi.org/10.1093/sw/swz003>
- Ibrahim, A., Wong, S. H., Kim, S. E., Wong, G. T. F., Macaranas, A. R., Rastogi, R., ... & Liu, C. H. (2024). A scoping review of mental health and discrimination of Asian Americans and Pacific Islanders in the United States during the COVID-19 pandemic. *Nature Mental Health*, 2(2), 244-253.
- Kawai, Y. (2005). Stereotyping Asian Americans: The dialectic of the model minority and the yellow peril. *The Howard Journal of Communications*, 16(2), 109-130. <https://doi.org/10.1080/10646170590948974>
- Kim, D. G. (2024). COVID-19, Anti-Asian Racism, and US-China Relations. In *COVID-19 and US-China Relations* (pp. 113-130). Cham: Springer Nature Switzerland.
- Kim, S.H., Canfield, J., & Harley, D. (2019). Using Photovoice as a method to examine microaggressions: Conceptualizing culturally competent practice and curriculum with Asian Americans. *Journal of Human Behavior in the Social Environment*, 29(8), 1036-1043. <https://doi.org/10.1080/10911359.2019.1658684>
- Lichty L., Kornbluh, M., Mortensen, J., Foster-Fishman, P. (2019). Claiming Online Space for Empowering Methods: Taking Photovoice to Scale Online. *Global Journal of Community Psychology Practice*, 10(3). <https://www.gjcpp.org/pdfs/5-LichtyEtAl-Final.pdf>
- Nykiforuk, C. I. J., Vallianatos, H., & Nieuwendyk, L. M. (2011). Photovoice as a Method for Revealing Community Perceptions of the Built and Social Environment. *International Journal of Qualitative Methods*, 10(2), 103-124. <https://doi.org/10.1177/160940691101000201>
- Office of Minority Health. (2019). *Asian Americans*. Retrieved May 11th, 2022. <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=3&lvlid=63>.
- Park, S., Stimpson, J. P., Pintor, J. K., Roby, D. H., McKenna, R. M., Chen, J., & Ortega, A. N. (2019). The Effects of the Affordable Care Act on Health Care Access and Utilization Among Asian American Subgroups. *Medical Care*, 57(11), 861-868. <https://doi.org/10.1097/MLR.0000000000001202>
- Quiñones-Rosado, R. (2020). Liberation psychology and racism. In L. Comas-Díaz & E. Torres Rivera (Eds.), *Liberation psychology: Theory, method, practice, and social justice* (pp. 53-68). American Psychological Association. <https://doi.org/10.1037/0000198-004>
- Reny, T. T., & Barreto, M. A. (2020). Xenophobia in the time of pandemic: Othering, anti-Asian attitudes, and COVID-19. *Politics, Groups, and Identities*, 10(2), 209-232. <https://doi.org/10.1080/21565503.2020.1769693>
- Roncoroni, J., & Tucker, C. M. (2024). Radical healing community-based participatory research to eliminate health disparities. *The Counseling Psychologist*, 52(4), 551-580.

- Sotero, M. (2006). A conceptual model of historical trauma: Implications for public health practice and research. *Journal of Health Disparities Research and Practice*, 1(1), 93-108.
- Stop AAPI Hate. "Hate Act Data." Accessed February 25, 2025. <http://stopaapihate.org/explore-our-data>
- Thomas, D. R. (2006). A General Inductive Approach for Analyzing Qualitative Evaluation Data. *American Journal of Evaluation*, 27(2), 237–246. <https://doi.org/10.1177/1098214005283748>
- Tuck, E. (2009). Suspending damage: A letter to communities. *Harvard Educational Review*, 79(3), 409-428. <https://doi.org/10.17763/haer.79.3.n0016675661t3n15>
- Wang, C., & Burris, M. A. (1997). Photovoice: Concept, Methodology, and Use for Participatory Needs Assessment. *Health Education & Behavior*, 24(3), 369–387. <https://doi.org/10.1177/109019819702400309>
- Yi, J., La, R., Lee, B. A., & Saw, A. (2023). Internalization of the model minority myth and sociodemographic factors shaping Asians/Asian Americans' experiences of discrimination during COVID-19. *American Journal of Community Psychology*, 71(1-2), 123-135.