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Perceived COVID-induced racism and contextual predictors of fear and psychological distress among Black men

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Abstract

The present study examined if Black men's perceptions of COVID-induced racism (i.e., the extent to which racism increased during the beginning months of the COVID-19 pandemic) were associated with their reported fear of COVID-19 and psychological distress. Self-report COVID-related variables and psychological distress data from 231 Black men in the U.S. were analyzed alongside archival percentages of confirmed cases and deaths by participants' county at the time of participation. Hierarchical regressions identified perceptions of COVID-induced racism as a significant predictor of Black men's psychological distress over and above contextual (e.g., county-level COVID-19 case %) and individual-level predictors (i.e., perceived race-related infection risk and self-reported COVID-related stressful life events). This work contributes to the growing literature on health inequities during the COVID-19 pandemic with a snapshot of Black men's experiences during the COVID-19 and racism pandemics of 2020 in the U.S.

KEYWORDS

black men, COVID-19, distress, life events, mental health, pandemic, racism

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Outbreaks create fear, and fear is a key ingredient for racism and xenophobia to thrive.

—Devakumar et al. (2020)

1 | INTRODUCTION

The COVID-19 pandemic in the U.S. disproportionately affected racial minorities with disparate rates of deaths and confirmed cases (CDC, 2020; Garcia et al., 2021; Tai et al., 2021). Parallel to the COVID-19 pandemic, increasing anti-Asian racism (e.g., hate crimes against Asian Americans; Gover et al., 2020) and salient anti-Black racism as a result of widespread protests and media attention surrounding the police murder of George Floyd, Breonna Taylor, and Ahmaud Arbery (Eichstaedt et al., 2021; Nguyen et al., 2021) produced what some have referred to as dual pandemics (see Godlee, 2020; Laurencin & Walker, 2020). In the present research, we examined the adverse mental health impact of these dual pandemics among Black men in the U.S.

1.1 | Racism and race-related health risks during COVID-19

When the COVID-19 pandemic escalated in the U.S., Black Americans experienced higher mortality and infection rates than other racial groups (Abedi et al., 2021; Garg et al., 2020; Laurencin & McClinton, 2020) implicating multiple underlying risk factors. Black Americans were considered a high-COVID-risk group, in large part, because of structural barriers to healthcare (Snowden & Graaf, 2021; Tai et al., 2021), perceived racism in the healthcare system (Hausmann et al., 2013), and employment inequities (e.g., Selden & Berdahl, 2020). Black men were believed to be particularly at risk for adverse COVID-related health outcomes with higher COVID-mortality rates even when admitted to the hospital at the same time as Black women (Gupta et al., 2021). In addition to these race-related health risks associated with contracting COVID-19, Black Americans' justified mistrust of healthcare settings (see reviews by Benkert et al., 2019; Cheatham et al., 2008) may exacerbate fears about contracting the virus. Specifically, the compounding stress of living through a pandemic with pervasive structural and interpersonal racial discrimination may have fostered increased fears of contracting the virus or psychological distress.

Racism during the pandemic was multifaceted (see Krieger, 2020; Milner et al., 2020), including that of documented increases in endorsed racist attitudes (Gover et al., 2020; Ruiz et al., 2020), racism in medical treatment (Milam et al., 2020), and racism experienced and observed as a product of salient police brutality and record-breaking Black Lives Matter Protests across the U.S (Elias et al., 2021). While police violence and bias against Black Americans have been widely documented over the past few decades (e.g., Alang et al., 2017; Hester & Gray, 2018), such salient police brutality in the months coinciding with the start of the COVID-19 pandemic may have served as a reminder of the prevailing pervasiveness of racism in the U.S. with a consequence to Black Americans' mental health (Eichstaedt et al., 2021).

Adverse mental health effects of experiencing and observing racism are well-documented (e.g., Chae et al., 2021; Heard-Garris et al., 2018). For instance, heightened trauma from witnessing police brutality towards Black people negatively affected Black Americans' psychological well-being (Bor et al., 2018; Eichstaedt et al., 2021). While numerous studies documented that perceptions of anti-Black racism (e.g., beliefs that people in society are racist against Black people) predict greater psychological distress among Black Americans (e.g., Banks et al., 2006; Sellers & Shelton, 2003), little research has examined the mental health effects of perceiving heightened racism amidst the COVID-19 pandemic. Thus far, research showed Black and Asian Americans perceive greater discrimination during this time and that these experiences were associated with greater psychological distress (Liu et al., 2020).

1.2 | Present work

A growing body of international research suggests that heightened fear of catching COVID-19 or fears of the outcomes of catching COVID-19 is a noteworthy predictor of psychological distress (see meta-analysis; Alimoradi

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et al., 2022). To date, few research has assessed Black Americans perceived race-related COVID-infection risk and fear of COVID-19 representing a gap in the literature on documented contributors of fear of COVID-19 (e.g., Han et al., 2021). Moreover, perceptions of racism during the co-occurring COVID-19 and racism pandemics of 2020 may underlie fears of contracting COVID (e.g., fears of receiving disparate care from healthcare providers) and psychological distress (e.g., as a result of a feeling of helplessness to the dual pandemic climate). The present study utilized an existing dataset of Black men in the U.S. and examined the association between perceptions of COVID-induced racism (i.e., the extent to which participants believed racism had become more prevalent since the start of the COVID-19 pandemic), alongside perceptions of race-related infection risk, on reported fear of COVID-19 and psychological distress during the early months of the COVID-19 pandemic in the U.S. (July to August 2020).

We hypothesized that greater perceptions race-related risk and of COVID-induced racism would be associated with greater fear of COVID-19 and greater psychological distress symptoms. Critically, we tested these hypotheses while accounting for COVID-19 context factors including indicators of COVID-19 presence (i.e., county-level cases and deaths at the time of participation) as well as individual-level of COVID-19 stressors (i.e., frequency of stressful life events related to COVID-19) that may have contributed to fear of COVID-19 and distress. These contextual and individual-level factors were expected to be predictive of fear of COVID-19 and psychological distress due to recent findings with non-Black samples (COVID-19 cases: Zhang et al., 2020; COVID-related life events: Rossi et al., 2021; Li, Lin, et al., 2021; risk: Han et al., 2021; Yıldırım & Güler, 2021). Together, the present research focus on Black men's fear of COVID-19 and psychological distress adds to the growing literature on the ways that racism during the COVID-19 pandemic places Black Americans at disproportionate health risk.

2 | METHOD

2.1 | Participants

Prolific users in the United States who identified as Black and as men were recruited during July and August of 2020 (i.e., approximately 2 months after the murder of George Floyd). The present analyses are a secondary data analysis from the authors' unpublished dataset of Black men that assessed experiences of discrimination in the year prior to participants' survey participation alongside questions pertaining to the first few months COVID-19 pandemic. Eligibility criteria for this study included identification as Black/African/or Caribbean American, living in the U.S., 18 years or older, alongside not failing more than one attention check question throughout the survey. All participants were treated in accordance with an IRB-approved protocol. Participants received $2 as compensation for their 5–10-min survey participation.

The potential sample included 246 men of which 15 did not report a valid zipcode. Thus, our analytic sample consisted of 231 Black men (M_{age} = 30.2 years, SD_{age} = 7.9, range: 18–62 years) from 107 counties. We matched participants' reported zip code to county-level data from USA Facts (2021) to obtain the number of confirmed COVID-19 cases and COVID-19 deaths on the participants' survey completion date and county population. See Table 1 for sample characteristics. The analytic sample size exceeded our desired minimum size of 196 participants, resulting in 90% power to reveal a small effect (d = 0.20) in two multiple linear regressions with five predictor variables.

2.2 | Procedure and measures

Participants reported on varied COVID-19 related measures, described below, alongside items about themselves and their mental health. All data and questionnaire items have been posted on the Open Science Framework (OSF; https://osf.io/xg84w/). See Table 2 for all measure descriptive statistics.

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TABLE 1 Sample demographics.

	n (%)
Racial identity	
Black, Caribbean, or African American	229 (99%)
Biracial (or selected more than one race)	7 (0.03%)
African American descendant of slavery	2 (0.01%)
Sexual orientation	
Heterosexual	202 (87.4%)
Bisexual	18 (7.8%)
Gay	10 (4.3%)
Multiple selection	1 (0.04%)
Education level	
Bachelor's degree	104 (45%)
Some college, no degree	36 (15.6%)
Master's degree	34 (14.7%)
High school diploma or equivalent	34 (14.7%)
Associate degree	16 (6.9%)
Doctorate or professional degree (e.g., PhD, MD)	5 (2.2%)
Less than a high school diploma	2 (0.9%)
Current employment status	
Employed full-time	117 (50.6%)
Employed part-time	54 (23.4%)
Not employed, looking for work	22 (9.5%)
Student	22 (9.5%)
Furloughed due to COVID-19	10 (4.3%)
Not employed due to disability or not seeking	6 (2.6%)
Currently or have had a stay-at-home order[a]	
Yes	168 (72.7%)
No	63 (27.3%%)

[a]Includes "shelter in place" orders.

2.2.1 | COVID-related life events

Participants responded to 13 COVID-related life events (e.g., close family member has/had COVID-19-related illness/symptoms) adapted from the Negative Life Events Inventory (Wills et al., 1992) for the purpose of this study. The answers were coded as 1 (*yes*) or 0 (*no*) and were summed. The most common event was the loss of income (42.7%) followed by a family member who had another physical illness (37.8%).

2.2.2 | Perceived race-related COVID risk

Participants indicated their COVID-19 risk based on their race with one item on a 5-point Likert scale (1 = *at no greater risk than others*, 5 = *at much higher risk than others*) with one PI-created item (i.e., "How at risk do you feel you are to get sick with COVID-19 because of your race/ethnicity?").

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TABLE 2 Measure descriptive statistics and bivariate correlations.

	1	2	3	4	5	6	7
1. Case %	-						
2. Death %	0.38**	-					
3. Life events	−0.01	0.21**	-				
4. R-R. COVID risk	−0.03	0.06	0.23**	-			
5. C-I. Racism	−0.04	0.05	0.12	0.25**	-		
6. Fear of COVID	−0.07	0.23**	0.42**	0.43**	0.23**	-	
7. Psychological distress	−0.07	0.05	0.27**	0.29**	0.24**	0.44**	-
M	1.93	0.10	3	1.99	4.01	2.69	2.57
SD	0.71	0.09	2.5	1.29	1.68	1.21	0.82
Minimum value	0.13	0.00	0	1	1	1	1
Maximum value	4.97	0.34	11	5	7	5	5

Note: Life Events refers to COVID-related life events.
Abbreviations: C-I Racism, COVID-induced racism; R-R. Risk, Race-related COVID-19 risk.
*p < 0.05, **p < 0.01 (two-tailed).

2.2.3 | Perceived COVID-induced racism

Participants indicated their agreement with five items assessing perceptions that the COVID-19 pandemic elicited more racism in society. The items (e.g., "The COVID-19 pandemic is making more people act in racist ways.") were rated on a 7-point Likert scale (1 = *strongly disagree*, 7 = *strongly agree*). An exploratory factor analysis supported a single factor structure. This factor was able to explain 83% variance. Four items had strong factor loadings while one loaded below the 0.4 threshold and was dropped. The remaining items had good reliability (α = 0.93) and were averaged. See full items in appendix.

2.2.4 | Fear of COVID

Participants answered three items to report the extent to which they were afraid of COVID-19 on a scale of 1 (*not at all true of me*) to 5 (*very true of me*) adapted from Conway et al. (2020; for example, "I am afraid of the coronavirus [COVID-19]"). The items were reliable (α = 0.87) and averaged.

2.2.5 | Psychological distress

Participants responded to a PI-modified version of the Kessler Psychological Distress Scale (Kessler et al., 2003) which assessed their frequency of experiencing distress symptoms during the early months of the COVID-19 pandemic on a scale of 1 (*none of the time during the pandemic*) to 5 (*nearly all of the time during the pandemic*). The six items (e.g., "Since the COVID-19 pandemic, about how often do you feel restless or fidgety?") were reliable (α = 0.90) and averaged.

3 | RESULTS

A series of bivariate correlations were conducted. See Table 2. County-level COVID death percentages (i.e., death %) were positively associated with fear of COVID-19 but were not significantly associated with psychological distress.

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TABLE 3 Hierarchical regression results for fear of COVID and psychological distress.

	Fear of COVID			Psychological distress		
	B (SE)	*β*	ΔR^2	*B (SE)*	*β*	ΔR^2
Step 1			0.08***			0.01
Case %	−0.31 (0.12)**	−0.18**		−0.12 (0.08)	−0.10	
Death %	4.23 (0.97)***	0.30***		0.87 (0.68)	0.09	
Step 2			0.12***			0.07***
Case %	−0.25 (0.11)*	−0.15*		−0.09 (0.08)	−0.07	
Death %	2.98 (0.93)**	0.21**		0.22 (0.68)	0.02	
Life events	0.18 (0.03)***	0.36***		0.09 (0.02)***	0.28***	
Step 3			0.13***			0.08***
Case %	−0.22 (0.10)*	−0.13*		−0.06 (0.08)	−0.06	
Death %	2.72 (0.86)**	0.19**		0.05 (0.65)	0.01	
Life events	0.14 (0.03)***	0.29***		0.07 (0.02)***	0.23***	
R-R. Risk	0.31 (0.05)***	0.34***		0.14 (0.04)***	0.22***	
C-I. Racism	0.08 (0.04)†	0.10†		0.08 (0.03)*	0.16*	
Total R^2			0.34***			0.17***

Note: Life Events refers to assessed COVID-related life events. County case percentages were inversely related to fear of COVID-19, likely due to variable suppression effects as county case percentages were not associated with fear of COVID in bivariate correlations.

Abbreviations: C-I Racism, COVID-induced Racism; R-R Risk, Race-related COVID-19 infection risk.

†$p < 0.10$. *$p < 0.05$. **$p < 0.01$. ***$p < 0.001$.

County-level confirmed COVID-19 case percentages (i.e., case %) were positively associated with death percentages. COVID-related life events, perceived race-related COVID-19 risk, and perceived COVID-induced racism were positively associated with both fear of COVID-19 and psychological distress.[1]

We conducted two separate hierarchical regressions predicting fear of COVID-19 and psychological distress.[2] For each regression model, we entered contextual-level predictors (i.e., county case and death percentages) at Step 1, and COVID-related life events to control for individual-level pandemic-related stressors at Step 2. In Step 3, we entered race-related stressors (i.e., perceived race-related COVID-19 risk and COVID-induced racism) to document their unique predictive utility on Black men's fear and psychological distress during the first few months of the COVID-19 pandemic.

The addition of each step in the regression added predictive utility to our models predicting fear of COVID-19 and psychological distress. See Table 3 for all regression results along with the variance explained for each step. At Step 3, our model explained 34% of the variance in fear of COVID, $R^2 = 0.34$, $F\,(5{,}225) = 22.91$, $p < 0.001$. Perceived COVID-induced racism was not a predictor of greater fear of COVID, $p = 0.066$. At Step 3, our model explained 17% of the variance in psychological distress, $R^2 = 0.17$, $F\,(5{,}225) = 9.19$, $p < 0.001$. Although case % and death % explained little unique variance in distress, COVID-related life events and perceived race-related COVID-risk predicted greater distress. Critically, higher perceptions of COVID-induced racism predicted greater distress over and above other predictors, $p = 0.01$.[3]

4 | DISCUSSION

The present findings reflect a snapshot of 2020, a year where Black Americans' health disparities were exacerbated by the presence of systemic barriers in healthcare and heightened prevalence of anti-Black racism (Elias et al., 2021;

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Ruiz et al., 2020). Our results indicate that Black men's perception of COVID-induced racism uniquely predicted self-reported psychological distress above the influence of objective COVID-19 context indicators (e.g., county case rates), reported COVID-related stressful life events (e.g., financial strains), and participants' perceived race-related COVID-19 risk. Together, results suggest the importance of perceptions of societal shifts in racism as a predictor of mental health.

Consistent with previous literature using non-Black samples (Li, Lin, et al., 2021; Rossi et al., 2021), COVID-related life events predicted reported fear of COVID-19 and psychological distress in our sample (i.e., Black men in the U.S.). Over 40% of our sample reported experiencing loss of income during the pandemic and participants' average reported fear of COVID-19 was above the scale midpoint. Our findings contribute to the growing literature identifying disproportionate burdens for Black Americans during the COVID-19 pandemic (e.g., high job loss; U.S. Bureau of Labor Statistics, 2020) and add insights into unique race-related experiences of Black men during this time. Our participants' reports of race-related COVID-19 risk were founded in reality as Black Americans had more health comorbidities and worse health outcomes when compared to other racial groups during the first six months of the pandemic (Asch et al., 2021; Gupta et al., 2021).

4.1 | Limitations and future directions

Utilizing preexisting cross-sectional data, the present findings do not provide evidence of changes over time limiting causal inference. Further, due to the low number of participants who shared a county (n = 107 counties), we were unable to conduct multilevel modeling clustering participants by county. Using archival data, our analyses accounted for participant's county-level COVID-19 case and death percentages at the time of participation. Using such an objective indicator has methodological rigor but does not account for individual differences in awareness of COVID-19 risks and race-related disparities (e.g., Cyrus et al., 2020; Price-Haywood et al., 2020); this awareness may have been an important explanatory factor as higher awareness as a result of media consumption has been demonstrated to increase COVID-related fears (Li, Wang, et al., 2021).

The utilized race-related measures spoke broadly to race-related risk and increases in racism rather than risk attributed to one's Black identity or a rise in anti-Black racism. The included race-related risk measure also had methodological weaknesses given its short 1-item form. The lack of Black identity specificity in our measures confers strengths and weaknesses. Documented significant effects with broader race/racism wording may suggest that identity specific measures may have had additional predictive power. Moreover, with the present measurement it is unclear to what extent perceptions of increases in anti-Asian racism or anti-Black racism produced our effects. Indeed, anti-Asian racism was also salient and increasing during the early months of the pandemic in the U.S (Clissold et al., 2020; Gover et al., 2020; Ruiz et al., 2020). Critically, such salient discussion of racism in multiple forms may have heightened anti-Black racism perceptions among our participants given prior work on stigma transfers (see Sanchez et al., 2017; Sanchez et al., 2018). Besides, with the present measure of perceptions of racism, we cannot draw conclusion on which type of racism (e.g., interpersonal, racism in healthcare) was increased.

The available dataset for these analyses did not include a sample of Black women and our findings may not generalize to other racial minority groups (e.g., Latinx Americans). Current publications on Black Americans during the COVID-19 pandemic with a gender focus have discussed the experiences of Black women (e.g., Gur et al., 2020; Wheeler et al., 2021). Gender and coping strategies during the pandemic (e.g., Prowse et a., 2021) are important future research areas given the extensive literature on intersectional identity stressors (Griffith et al., 2013; Lewis et al., 2017; Seaton et al., 2010) and the need to identify protective factors that can contribute to health equity pursuits as we move out of the COVID-19 pandemic and prepare for potential future pandemics.

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CONFLICT OF INTEREST STATEMENT

We have no known conflicts of interest to disclose.

DATA AVAILABILITY STATEMENT

Manuscript data, output, and materials are provided on the Open Science Framework (OSF; Link: https://osf.io/xg84w/).

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ENDNOTES

[1] See supplemental analyses for additional regressions with same predictors predicting participant's perceptions of psychological health change because of COVID-19.

[2] We think multilevel modeling might not be feasible given the low overlap between counties (i.e., 231 participants across 107 counties), and there is no significant between-county variance in both outcomes.

[3] We used the race-related COVID risk x COVID-induced racism's interaction term as a predictor, and it was not significant in both models.

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Diana T. Sanchez, PhD, is a Professor of Psychology and current Chair of the Department of Psychology at Rutgers University—New Brunswick. Her research aims to explore the complexities associated with close relationships, identities, and stigma. Within these themes, her work on dual identities (e.g., possessing multiple identities in a singular social category), stigma and coping, and gender dynamics in close relationships has received wide recognition. Her laboratory utilizes a diversity science approach to identify the factors that promote relationship satisfaction, belonging and psychological health for individuals who are targets of discrimination (e.g., women, racial and ethnic minorities, sexual minorities).

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APPENDIX

Perceived COVID-induced racism

How much do you agree or disagree with each of the following statements? (1 = *strongly disagree*, 7 = *strongly agree*).

1. The COVID-19 pandemic is making more people act in racist ways.
2. The COVID-19 pandemic has made racism in our society more visible.
3. The COVID-19 pandemic has increased racism in our society.
4. The COVID-19 pandemic has increased racial discrimination.

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