

# Coping Strategies as Moderators of COVID-19 Racial Discrimination in Filipino Americans

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The present study examined the extent to which coronavirus disease 2019 (COVID-19) racial discrimination related to life satisfaction, depression, and anxiety in 246 Filipino Americans. The extent to which coping strategy moderated the mediated relationship of COVID-19 racial discrimination via depression and anxiety on life satisfaction was also explored. Findings indicated that Filipino Americans who experienced or witnessed COVID-19 racial discrimination were significantly more likely to experience decreased levels of life satisfaction and increased levels of depression and anxiety. Higher levels of discrimination were significantly related to higher levels of depression which were linked to poorer life satisfaction. Coping strategy moderated the mediated relationship of COVID-19 racial discrimination via depression with life satisfaction. Engagement and disengagement coping responses significantly moderated the link between COVID-19 discrimination with anxiety and depression, respectively. Implications for mental health professionals, study limitations, and future areas of research are additionally provided.

### *What is the public significance of this article?*

Greater use of overall coping reduced the negative impact of COVID-19-related racial discrimination on life satisfaction among Filipino Americans. Filipino Americans may use engagement and disengagement coping strategies to mitigate the effects of anxiety and depression-related symptoms, respectively, which may be influenced by cultural, Indigenous, and religious factors.

**Keywords:** Filipino American, COVID-19, mental health, coping responses, racism

Instances of anti-Asian discrimination and hate crimes have substantially increased in the United States following the coronavirus disease 2019 (COVID-19) pandemic (Jeung & Nham, 2020; United States Department of Justice, 2020). Thousands of Asian American and Pacific Islander (AAPI) individuals have reported instances of workplace discrimination, physical violence, and verbal harassment that amplified following the pandemic (Jeung & Nham, 2020). According to findings from the Pew Research Center (Ruiz et al., 2020), approximately 4 in 10 Asian American adults experienced racial discrimination following COVID-19.

The AAPI community is vastly heterogeneous and encompasses over 40 distinct ethnic subgroups, many languages, cultures, beliefs, and histories (Pew Research Center, 2013; Sue et al., 2019). Following the proliferation of anti-Chinese rhetoric from political leaders, media, and news outlets, communities with East Asian

phenotypical features may disproportionately face higher rates of COVID-19-related racial discrimination compared to AAPI ethnic subgroups who may not be perceived as Asian American (Jeung & Nham, 2020). Indeed, the relationship between discrimination experiences and perceptions of AAPI individuals who are believed to be East Asian parallels the ways in which individuals perceived as South Asian, Arab American, Sikh, and Muslim were subjected to higher rates of discrimination after 9/11 (Department of Justice, 2015; South Asian American Leaders of Tomorrow [SAALT], 2001).

Experiences of pandemic-related racism toward East Asian communities have been linked to higher rates of depression and lower levels of life satisfaction in Chinese and Chinese Americans (Litam & Oh, 2020; Cheah et al., 2020). The compounding effects of xenophobic rhetoric, anti-Asian discrimination, and race-related stressors following COVID-19 may also contribute to symptoms of racial trauma in AAPI individuals (Litam, 2020), including Filipino Americans (Chan & Litam, 2021). Indeed, Filipino American identities remain among the most invisible (Ocampo, 2016), which may increase their susceptibility toward a variety of racial discrimination and microaggression experiences (Nadal et al., 2015; Sanchez & Gaw, 2007).

Approximately four million individuals of Filipino descent reside in the U.S., making Filipino Americans the second largest Asian ethnic subgroup in America, following individuals of Chinese descent (U.S. Census Bureau, 2020). Compared to other AAPI ethnic subgroups, Filipino Americans have a unique history of

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colonization, Catholic influences, and Indigenous values that may influence their experiences and responses to racial discrimination (Alvarez & Juang, 2010; David & Nadal, 2013; Noh & Kaspar, 2003; Tuazon et al., 2019). Filipino Americans may also face specific microaggressions and discrimination experiences compared to other Asian ethnic subgroups (Alvarez & Juang, 2010; Nadal, 2021; Nadal et al., 2012). For example, the Filipino American phenotype, history, and culture combine in ways that “break the rules of race” (Ocampo, 2016, p. 13) and contribute to the misidentification (Lee & Ramakrishnan, 2020; Nadal, 2004; Nadal et al., 2012; Ocampo, 2016; Sanchez & Gaw, 2007) and invisibility of the Filipino American identity (Nadal, 2021). According to an exploratory study with 12 Filipino Americans, Nadal et al. (2012) identified 13 microaggression themes described by participants. Although many themes were similar to microaggressions faced by broad AAPI ethnic subgroups (e.g., treatment as second-class citizens, feelings of invisibility, and positioning as perpetual foreigners; Sue et al., 2019), four additional themes specific to Filipino Americans emerged (Nadal et al., 2012). Filipino Americans may experience distinct microaggressions related to mistaken identities, assumption of inferior status or intellect, assumption of criminality or deviance, and exclusion from the larger Asian American community (Nadal et al., 2012). Indeed, the surnames, physical features, and cultural practices of Filipino Americans uniquely position them in ways that contribute to unique forms of oppression (Nadal, 2000, 2004; Nadal et al., 2012; Ocampo, 2016). These discrimination experiences may be further compounded based on the geographic region in which they are located (i.e., residence on West or East coast; Nadal et al., 2015).

Whereas other AAPI ethnic subgroups may first experience racial discrimination upon migrating to the U.S., Filipino Americans may be more familiar with racism after surviving over 300 years of western colonization (Alvarez et al., 2006; Alvarez & Juang, 2010). From 1899 to 1946, Filipinos were denigrated as second-class citizens within their own country. Paternalistic propaganda that lauded America as having saved the Filipino colony of “little brown brothers” (Nadal, 2021, p. 65) from Spanish rule contributed to Filipino feelings of affinity and a sense of indebtedness to the U.S. (David et al., 2017). These experiences may cause Filipinos and Filipino Americans to internalize a *colonial mentality*, the preference for Western notions and simultaneous disdain for Indigenous Filipino values (David, 2010; David & Okazaki, 2006a, 2006b). As the only AAPI ethnic subgroup who has experienced direct U.S. colonization, Filipinos and Filipino Americans may endorse grandiose perceptions of Americans and internalize attitudes of cultural inferiority (David et al., 2017), which may shape how Filipino Americans experience and respond to COVID-19-related racial discrimination (Chan & Litam, 2021).

Spanish influences of Catholicism (David & Nadal, 2013) and Indigenous values may combine in unique ways that shape the coping responses of Filipino Americans when experiences of COVID-19-related racial discrimination occur. With approximately 85% of Filipino Americans identifying as Roman Catholic (Santos & Chan, 2011), prayer may represent a useful engagement strategy to actively mitigate the stress of challenging situations (Sanchez & Gaw, 2007). Filipino Americans may also tolerate challenging or uncertain situations through Indigenous values such as “*tiyaga*” (Tagalog for patience and endurance) or “*lakas ng loob*” (Tagalog for inner strength and hardiness; Sanchez & Gaw, 2007). Exhibiting

a “*bahala na*” mentality, which represents a sense of optimistic fatalism, may be evidenced when Filipino Americans endure emotional problems and avoid discussing personal problems (Chan & Litam, 2021; Javier et al., 2014; Sanchez & Gaw, 2007). Catholic influences may combine with *bahala na* when Filipino Americans espouse that their higher power has intentionally created challenges that may only be overcome by faith and endurance (Javier et al., 2014). Indeed, the distinct combination of their colonization history, Indigenous values, and Catholic influences may shape how Filipino Americans cope with anxiety and depression following experiences of racial discrimination (Chan & Litam, 2021; David, 2010; Noh & Kaspar, 2003; Tuazon et al., 2019), such as the COVID-19 pandemic.

Although the extant body of research has indicated Filipino Americans were disproportionately affected by experiences of racial discrimination compared to other AAPI ethnic subgroups (Alvarez et al., 2006; Choi et al., 2020; Gee et al., 2007; Salas-Wright et al., 2020), the ways in which they respond to COVID-19-related racial discrimination have not been examined (Chan & Litam, 2021; Montano & Acebes, 2020; Tee et al., 2020). To the best of the researchers’ knowledge, a study identifying a mechanism of path in which COVID-19-related racial discrimination impacts Filipino Americans’ mental health and overall life satisfaction has not yet been conducted. The role of coping strategy on this path also remains unknown. To address existing gaps, this study investigates the path in which pandemic-related racial discrimination impacts Filipinos Americans’ life satisfaction via depression and anxiety and examines the possible buffering role of coping strategies in the path.

## Background and Theoretical Framework

### Racial Discrimination, Anxiety, Depression, and Life Satisfaction

The indirect effect of racial discrimination on life satisfaction via increased anxiety and depression in Filipinos (Advincula, 2019) and Filipino Americans (Choi et al., 2020; Gee et al., 2007) has been established in extant research. For example, experiences of racial discrimination have been identified as a significant contributor to increased symptoms of depression and suicidal ideation in Filipino Americans (Choi et al., 2020), which in turn may negatively affect life satisfaction. Similarly, Advincula (2019) reported that depression and anxiety predicted lower levels of satisfaction via suicidal ideation in Filipino high school students. Finally, another study indicated instances of racial discrimination may decrease life satisfaction in Filipino Americans via increased rates of illegal drug use, prescription drug use, and alcohol dependence (Gee et al., 2007). Emerging studies have begun to examine the impact of the COVID-19 pandemic in the Philippines (Montano & Acebes, 2020; Tee et al., 2020). Specifically, Montano and Acebes (2020) conducted a study with Filipino respondents ( $N = 421$ ) ranging in age from 15 to 65 years to determine whether COVID-19 predicted stress, depression, and anxiety using the COVID Stress Scales (CSS; Taylor et al., 2020) and Depression Anxiety and Stress Scale (DASS-21; Brown et al., 1997). Their findings established an association between COVID stress and rates of depression, anxiety, and stress with no significant difference across gender (Montano & Acebes, 2020). Another study of Filipinos ( $N = 1,879$ ) examined the prevalence and contributing factors of psychiatric symptoms using the

DASS-21 (Brown et al., 1997) and the Impact of Events Scale—Revised (IES-R; Creamer et al., 2003), indicating that one fourth of Filipinos reported moderate-to-severe levels of anxiety and one sixth of participants reported moderate-to-severe levels of depression (Tee et al., 2020). Although these studies established the deleterious effects of the pandemic on the psychological well-being of Filipinos, the pandemic's impact on the well-being of Filipino American communities warrants further investigation.

Though the importance of disaggregating COVID-19 data among Asian American subgroups has been established (Wang et al., 2020), a paucity of studies has examined the sequelae of pandemic-related discrimination on the psychological well-being and life satisfaction of specific AAPI ethnic subgroups (Litam, 2020; Litam & Oh, 2020). Given this gap in the research, it becomes of paramount importance to examine whether COVID-19 racial discrimination may have a causal indirect effect on life satisfaction via increased depression and anxiety in Filipino Americans.

### Coping Strategy as Protective Factors

Coping strategies refer to “cognitive and behavioral efforts to manage specific external and/or internal demands that tax or exceed a person's resources” (Lazarus & Folkman, 1984, p. 141). Given the definition, coping strategy has been theorized as a mediator or moderator between a stressor (e.g., racial discrimination), stress (e.g., depression and anxiety; Alvarez & Juang, 2010; Litam & Oh, 2020), and stress-related growth (Litam et al., 2021). Thus, the type of coping employed by individuals in response to stressors will determine the degree to which they are impacted by the stressors. Coping responses are broadly categorized into engagement and disengagement strategies (Tobin et al., 1989). Engagement coping responses include approach-related strategies that mitigate stressful situations through direct problem solving or seeking social support (Tobin et al., 1989). Disengagement coping responses may be helpful or unhelpful and occur when one adapts their behaviors, thoughts, and feelings to avoid stressful situations (e.g., social withdrawal and self-criticism; Tobin et al., 1989).

Prior research on coping responses, racial discrimination, and emotional distress have yielded mix results. For example, a community sample of Filipino American adults ( $N = 199$ ) indicated both engagement and disengagement coping responses functioned as mediators in the relationship between racism and psychological distress (Alvarez & Juang, 2010). Similarly, studies conducted by Kuo et al. (2006) and Liang et al. (2007) asserted that Filipino American adults were most likely to use engagement coping strategies in response to racism compared to other ethnic groups. On the other hand, Tuazon et al. (2019) reported that Filipino Americans primarily used disengagement coping responses when faced with experiences of racial discrimination. In the Philippines, one study reported disengagement coping responses (e.g., mindfulness exercises) were positively associated with increased life satisfaction via improved empathy and self-compassion in Filipino college students (Centeno & Fernandez, 2020). Based on these mixed findings, it is important to further understand the role of coping strategies in the link between racial discrimination and emotional distress (i.e., depression and anxiety) as it may provide insight into which forms of coping strategies are most effective for Filipino Americans faced with COVID-19-related racial discrimination.

### Acculturation

Acculturation refers to “cultural adaptations that occur as a result of contact between multiple cultures” (Miller, 2007, p. 118). Acculturation strategies may include assimilation, separation, integration, and marginalization (Berry, 1995, 1997; Berry et al., 2006). Historically, acculturation measures have demonstrated a limited focus on behavioral factors such as language, social interactions, food preferences, and leisure activities (Suinn et al., 1992) as well as values and attitudes (Kim & Abreu, 2001; Kim et al., 2005). More recently, researchers have begun to contextualize acculturation and enculturation as relatively independent dimensions (del Prado & Church, 2010; Dela Cruz et al., 2000; Kim & Abreu, 2001; Miller, 2007) that have been linked to psychological outcomes, coping responses, and educational achievement (Kim et al., 2005; Suinn et al., 1992).

Although an extensive overview of acculturation research is beyond the purview of the present study (see Yoon et al., 2011), one's acculturation level may have an impact on the relationship between racial discrimination, depression and anxiety, and life satisfaction. For example, several studies have reported that AAPI individuals with higher levels of assimilation were more likely to experience greater psychological distress (e.g., depression; Aldwin & Greenberger, 1987), substance use (Yi & Daniel, 2001), and eating disorders (Cachelin et al., 2000). Among a sample of Filipino Americans ( $N = 410$ ), endorsing American cultural tendencies were associated with higher levels of colonial mentality, presence of social support, and mental health help-seeking attitudes (Tuazon et al., 2019), as measured by the Colonial Mentality Scale (CMS; David & Okazaki, 2006b), Multidimensional Scale of Perceived Social Support (MSPSS; Zimet et al., 1988), and the Inventory of Attitudes Toward Seeking Mental Health Services (IASMHC; Mackenzie et al., 2004). Acculturation was measured using the Vancouver Index of Acculturation (VIA; Ryder et al., 2000). Tuazon et al.'s (2019) sequential multiple regression analysis indicated that higher levels of acculturation (i.e., stronger endorsement of American cultural tendencies) predicted more positive attitudes toward mental health help seeking and that higher levels of colonial mentality were a strong negative predictor of mental health help-seeking attitudes compared to acculturation in Filipino Americans (Tuazon et al., 2019). Tuazon et al.'s (2019) study illuminated the importance of considering the role of internalized oppression in mental health help-seeking attitudes among Filipino Americans.

### The Present Study

To address existing gaps in literature, this study examined the following Hypotheses: (1) Experiences of COVID-19 racial discrimination will be (a) negatively related to life satisfaction and (b) positively related to depression and anxiety; (2) Depression and anxiety will mediate the relationships between COVID-19 racial discrimination and their level of life satisfaction; (3) Coping strategy will moderate the link between (a) COVID-19 racial discrimination and depression as well as (b) COVID-19 discrimination and anxiety, such that the relationship between discrimination and depression and anxiety will be weaker for Filipino Americans with higher levels of coping strategy compared to those with lower levels of coping strategy; and (4) Coping strategy will moderate the mediated

relationship of COVID-19 racial discrimination via depression and anxiety with life satisfaction, such that the relationship between discrimination, the two mediators, and life satisfaction will be weaker.

## Method

### Participants

A total of 246 Filipino Americans participated in this study. A total of 134 Filipino Americans were recruited through AAPI Listservs, professional networking sites, and Filipino American community organizations, and 112 Filipino Americans were recruited through the Amazon MTurk platform. A total of 41 illegitimate cases (i.e., cases with less than 70% of the survey items completed or cases with incorrectly answered validity items) were eliminated from the analysis, resulting in a final sample of 205 cases (83.3% useable response rate). The final sample size ( $N = 205$ ) exceeded adequate sample size ( $>134$ ; O'Rourke & Hatcher, 2013) for a path analysis at  $\alpha = .01$  to detect medium effect sizes.

The mean age of participants was 33.98 years ( $SD = 10.83$ ), ranging from 18 to 75 years. More than half of the participants identified as male (53.7%,  $n = 110$ ), followed by female (44.3%,  $n = 91$ ) and transgender or nonbinary (2%,  $n = 4$ ) individuals. Nearly half of the participants both experienced and witnessed instances of COVID-19-related racism (44.9%,  $n = 92$ ), followed by either only witnessing (35.1%,  $n = 72$ ) or experiencing (20.0%,  $n = 41$ ) COVID-19-related racism. Notably, all the participants in the study reported either experiencing or witnessing COVID-19-related racism toward Asian Americans.

### Sampling Procedures

Prior to data collection, the researchers obtained Institutional Review Board (IRB) approval from universities. Prospective participants were invited using convenience sampling via email research announcements with specific inclusion criteria. Prospective participants were required to: (a) self-identify as Filipino American or Filipino American with a multiracial background, (b) have either experienced or witnessed COVID-19-related racism, and (c) hold current residence in the U.S. The research announcement was emailed to organizers of Filipino American organizations, AAPI community Listservs, and advertised on professional networking sites (i.e., LinkedIn). Participants were also recruited using Amazon MTurk, an online platform for social science survey. Participants from the MTurk received \$0.50 as monetary incentive for the completion of the survey. To monitor data quality, three validity items were included in the survey that requested participants to select certain response options.

## Measures

### Demographics Form

A demographic form was developed to obtain background characteristics regarding participants' age, gender, highest level of education, and race/ethnicity. Two additional questions were included to measure the type (i.e., experiencing, witnessing, or

both) and frequency of COVID-19-related racial discrimination toward Asian Americans.

### Everyday Discrimination Scale

The Everyday Discrimination Scale (EDS; Williams et al., 1997) is a nine-item scale that measures both overt and covert experiences of racial discrimination among participants. To accurately assess experiences of racial discrimination in the context of COVID-19, researchers updated the survey prompt to, "How often have you personally experienced the following COVID-19-related forms of racial discrimination toward Asian Americans?" The EDS is rated on a 5-point Likert-type scale from *never* (0%), *rarely* (25%), *sometimes* (50%), *often* (75%), to *always* (100%). Examples of items included, "I have been treated with less courtesy than other people" and "I was called names or insulted." The reliability was .90 for the EDS total score, while convergent validity was identified with measures of distress, anger, and hostility ( $\beta = 0.17$ – $0.19$ ; Gonzales et al., 2016). Reliability of the total score in the present study was  $\alpha = .95$ .

### Satisfaction With Life Scale

The five-item Satisfaction with Life Scale (SWLS; Diener et al., 1985) is a unidimensional measurement of life satisfaction. Participants were asked to rate the level of their life satisfaction on a 7-point Likert-type scale from 1 = *strongly disagree*, 2 = *disagree*, 3 = *slightly disagree*, 4 = *neither agree nor disagree*, 5 = *slightly agree*, 6 = *agree*, to 7 = *strongly agree*. Higher scores represent greater life satisfaction. Example items include, "I am satisfied with my life" and "If I could live my life over, I would change almost nothing." The SWLS total score reliability and test–retest reliability were .87 and .82, respectively (Diener et al., 1985). Convergent validity was identified with other measures of subjective well-being ( $r = .50$ – $.75$ ; Diener et al., 1985). Reliability for the SWLS total score in the present study was .89.

### Center for Epidemiologic Studies Depression Scale Revised

The Center for Epidemiologic Studies Depression Scale—Revised (CESD-R; Van Dam & Earleywine, 2011) is a two-dimensional 20-item assessment of depression symptoms for diverse populations. The CESD-R includes two subscales that measure the essential factors of depression: functional impairment (12 items) and negative mood (8 items). Each item is rated on a 5-point frequency-based Likert-type scale (1 = *not at all or less than 1 day*, 2 = *1–2 days*, 3 = *3–4 days*, 4 = *5–7 days*, and 5 = *nearly every day for 2 weeks*). The CESD-R total score reliability was  $\alpha = .92$  and convergent validity was identified with other measures of anxiety ( $r = .65$ ) and positive ( $r = -.26$ ) and negative affect ( $r = .58$ ; Van Dam & Earleywine, 2011). In the present study, the CESD-R total score reliability was  $\alpha = .96$ .

### Beck Anxiety Inventory

The Beck Anxiety Inventory (BAI; Beck et al., 1988) is a 21-item measure of anxiety severity. Each item is rated on a 4-point Likert-type scale, ranging from 0 = *not at all*, 1 = *mildly, but it did not bother me*, 2 = *moderately, it was not pleasant at times*, to 3 = *severely—it bothered me a lot*. The reliability for the BAI total

score was  $\alpha = .92$ , with test–retest reliability of  $\alpha = .75$  over 1 week (Beck et al., 1988). The BAI demonstrated convergent validity with the Hamilton Anxiety and Depression Scales ( $r_s = .51$  and  $.25$ , respectively; Beck et al., 1988). Reliability for the BAI total score in the present study was  $\alpha = .97$ .

### **Coping Strategies Inventory Short Form**

The 15-item Coping Strategies Inventory Short Form (CSI-SF; Addison et al., 2007) is a two-dimensional scale that measures types of coping responses. Each item is rated on a 5-point Likert-type scale from 1 = *never*, 2 = *seldom*, 3 = *sometimes*, 4 = *often*, to 5 = *almost always*. The CSI-SF includes two subscales (disengagement and engagement) that are further divided into four sub-sub-scales: problem-focused engagement, problem-focused disengagement, emotion-focused engagement, and emotion-focused disengagement. The reliability for the disengagement and engagement subscale scores were  $.59$  and  $.70$ , respectively (Addison et al., 2007). In the present study, reliability was  $\alpha = .90$  for the CSI-SF total scores and  $\alpha = .85$  and  $.83$  for the disengagement and engagement subscale scores, respectively.

### **Suinn-Lew Asian Self-Identity Acculturation Scale**

The Suinn-Lew Asian Self-Identity Acculturation Scale (SL-ASIA; Suinn et al., 1992) is a 21-item scale that measures the level of acculturation among Asian populations. The SL-ASIA measures six attributions of acculturation (i.e., language, identity, friendship choice, behaviors, generation history, and attitude), which are rated on a 5-point Likert-type scale from (1 = *strong adherence to Asian values* to 5 = *strong adherence to Western values*). Higher scores indicate high level of acculturation (e.g., higher level of adherence to Western values), whereas lower scores represent low level of acculturation (e.g., stronger endorsement to traditional Asian values). The average reliability for the SL-ASIA total score was  $\alpha = .91$  (Phillips et al., 2016), while concurrent validity was identified with self-rating of acculturation ( $r = .62$ ; Suinn et al., 1992). Reliability for the total scale score in the present study was  $\alpha = .86$ .

### **Data Diagnostics**

Analysis of missing data patterns indicated that no missing data was identified in 97% of the items for any cases; 92% of participants reported no missing data, and no item had 5% or more of missing values. Visual inspection of the missing data pattern indicated no identifiable missing patterns, resulting in missing data at random (MAR). Given the minimal portion of missingness and randomness of patterns, listwise deletion was selected as the best practice for data analysis (Tabachnick & Fidell, 2019). Despite an acceptable range of skewness ( $< \pm 2$ ) and kurtosis values ( $< \pm 3$ ) for all items (Garson, 2012), inspection of visual plots indicated moderate skewedness of the data. Additionally, the Shapiro–Wilk test indicated significance ( $p < .001$ ) for total scores on all measures except for the SL-ASIA. Therefore, univariate nonnormality was identified, indicating the data were not normally distributed at the multivariate level (Mvududu & Sink, 2013). No multicollinearity in data was identified, as evidenced by variance inflation factor (VIF) values of less than 10 and tolerance values of greater than .1 (Tabachnick & Fidell, 2019). Although violation of data normality was identified, the data

were deemed appropriate for path analysis (Tabachnick & Fidell, 2019). In addition, linear regression analysis is considered robust to nonnormality of data, producing inconsequential results with any estimation methods (Hayes, 2018).

### **Analytic Strategy**

To test the moderated mediation model, bootstrap analyses were conducted using Hayes (2018) PROCESS macro Version 3.0 (Model 7). We employed 10,000 bootstrapping resampling to generate 95% percentile confidence intervals (CIs) for the indirect effect. If the CIs did not include zero, mediating effect was deemed significant. CIs were also used to examine the moderated mediation effect, that is, whether coping strategy moderated the indirect effects of racial discrimination on life satisfaction via anxiety and depression. Specifically, the moderated mediation effects were tested using three conditional values of moderators (i.e., conditional indirect effects) at  $\pm 1$  *SD* from the mean score of the moderator, which represented low (the mean  $-1$  *SD*), moderate (the mean), and high values (the mean  $+1$  *SD*). The conditional indirect effects were significant if the CIs did not contain zero (Hayes, 2018; Preacher et al., 2007). Effect size for conditional effect across moderator values was calculated using the Bodner's (2017) formula. All predictors and moderators (i.e., racial discrimination, anxiety, depression, and coping strategy) were included simultaneously in one model (see Figure 1) and centered at the grand mean for more meaningful interpretations of direct and indirect effects (Hayes, 2018). Age, gender (male vs. female), and level of acculturation were added to the analysis as control variables, given the existing literature suggesting their potential association with depression, anxiety, and life satisfaction (Stein et al., 2014).

## **Results**

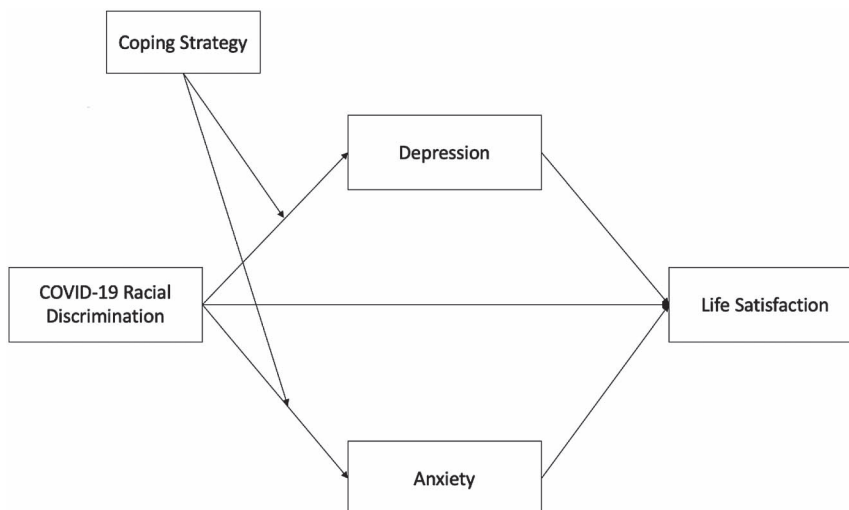
### **Preliminary Analyses**

Table 1 presents details regarding descriptive statistics and bivariate correlations among all variables in the study. Although statistical significance was found at the mean EDS total score, the actual difference between males ( $M = 23.95$ ,  $SD = 10.63$ ) and females ( $M = 19.90$ ,  $SD = 9.67$ ) were small according to Cohen's (1998) *d*. Cisgender ( $n = 201$ ) and transgender or nonbinary ( $n = 4$ ) participants reported the mean EDS total score of 22.12 ( $SD = 10.36$ ) and 21.50 ( $SD = 12.69$ ), respectively, with no significant differences found. COVID-19-related racial discrimination was significantly and positively related to both mediators (anxiety,  $r = .53$ ; depression,  $r = .56$ ) but negatively related to outcome (life satisfaction,  $r = -.58$ ). Anxiety and depression were significantly and negatively related to life satisfaction ( $r_s = -.46$ ,  $-.60$ , respectively).

### **Direct Effects and Indirect Effects of Everyday Discrimination Following COVID-19**

The analysis results supported Hypothesis 1a and 1b, indicating that COVID-19-related racial discrimination was significantly negatively related to life satisfaction ( $\beta = -.208$ ,  $p < .001$ ) and positively related to depression ( $\beta = .505$ ,  $p < .001$ ) and anxiety ( $\beta = .496$ ,  $p < .001$ ). Based on these results, Filipino Americans who experienced or witnessed COVID-19-related racial discrimination were more likely to report decreased levels of life satisfaction

**Figure 1**  
*Conceptual Model*



and increased levels of depression and anxiety. Hypothesis 2 predicted that depression and anxiety would mediate the relationship between COVID-19-related racial discrimination and life satisfaction. The results partially supported Hypothesis 2, indicating that a significantly negative relationship was identified between depression and life satisfaction,  $\beta = -.121, p < .001$ , with the 95% CI for the indirect effect of COVID-19 racial discrimination on life satisfaction via increased depression excluding zero, 95% CI  $[-.11, -.03]$ . Thus, higher levels of COVID-19-related racial discrimination were associated with higher levels of depression, which in turn were linked to poorer life satisfaction. A negative, nonsignificant association was found between anxiety and life satisfaction,  $\beta = -.04, p = .13$ , with no mediated effect for anxiety, 95% CI  $[-.06, .01]$ .

**Moderation Effects of Coping Strategies**

Table 2 outlines the moderated analyses results. Hypothesis 3 predicted that coping strategy would moderate (weaken) the positive link between (a) COVID-19 racial discrimination and depression as well as (b) COVID-19 racial discrimination and anxiety. Hypothesis 3 was supported by our findings; coping strategy was significantly negatively related to the slope of COVID-19-related racial discrimination on depression ( $\beta = -.02, p < .05$ ) and anxiety ( $\beta = -.02,$

$p < .05$ ). The nature of the moderation effect was revealed in the simple slope analyses (Figure 2). As hypothesized, COVID-19-related racial discrimination had a significant effect on depression and anxiety for Filipino Americans with low levels of coping strategies,  $-1 SD; b = .73, 95\% CI [.42, 1.04], b = .71, 95\% CI [.44, .98]$ , but the effect did not impact those with high levels of coping strategies,  $+1 SD; b = .28, 95\% CI [-.05, .61], b = .28, 95\% CI [-.01, .57]$ . A  $2 SD$  increase in coping strategy resulted in a .03 and .02 change in the conditional effect on depression and anxiety, respectively, which is small in magnitude (Bodner, 2017).

**Moderated Mediation Effect**

Hypothesis 4 predicated that coping strategy would moderate the mediated relationship of COVID-19 racial discrimination via depression and anxiety with life satisfaction. Hypothesis 4 was partially supported; coping strategy moderated the mediated relationship of COVID-19 racial discrimination via depression with life satisfaction, 95% CI  $[-.0006, .0048]$ . That is, the mediated relation of COVID-19 racial discrimination via depression with life satisfaction was weakened by the moderated role of coping strategy. Coping strategy did not moderate the mediated relation of COVID-19 racial discrimination via anxiety with life satisfaction, 95% CI  $[-.0004, .0024]$ .

**Table 1**  
*Descriptive and Correlations*

Variable	M	SD	1	2	3	4	5	6
1. Racial discrimination	22.11	10.37	—					
2. Life satisfaction	21.33	7.12	-.582**	—				
3. Depression	52.70	21.33	.563**	-.601**	—			
4. Anxiety	44.80	17.07	.531**	-.462**	.542*	—		
5. Coping strategy	48.10	11.41	-.576**	.511**	-.671**	-.587**	—	
6. Acculturation	67.06	13.23	-.179*	.197**	-.165*	-.066	.191**	—

\*  $p < .05$ . \*\*  $p < .01$ .

**Table 2**  
Results From Moderated Mediation Path Analysis

Outcome and predictor variable	$\beta$	SE	LLCI	ULCI
<b>Depression</b>				
Discrimination	.505**	.128	.253	.757
Coping strategy	-.925**	.115	-1.152	-.699
Discrimination $\times$ Coping strategy	-.020*	.009	-.038	-.003
Age	-.250*	.099	-.445	-.054
Gender	1.453	2.012	-2.515	5.421
Acculturation	-.522	1.706	-3.886	2.842
<b>Anxiety</b>				
Discrimination	.496**	.112	.275	.717
Coping strategy	-.601**	.101	-.800	-.403
Discrimination $\times$ Coping strategy	-.190*	.008	-.034	-.004
Age	.041	.040	-.037	.119
Gender	2.235	1.764	-1.245	5.714
Acculturation	1.793	1.496	-1.157	4.743
<b>Life satisfaction</b>				
Discrimination	-.208**	.047	-.302	-.115
Depression	-.121**	.023	-.166	-.076
Anxiety	-.042	.028	-.096	.013
Age	.001	.035	-.069	.071
Gender	.629	.712	-.775	2.032
Acculturation	.823	.604	-.368	2.014

Note. LLCI = low limit of confidence interval; ULCI = upper limit of confidence interval.

\*  $p < .05$ . \*\*  $p < .01$ .

## Supplementary Analyses

The moderation effect of coping strategy on the link between COVID-19-related racial discrimination and anxiety and depression may vary as a function of types of coping strategies (i.e., engagement coping vs. disengagement coping). Therefore, we examined the moderation effects of each coping strategy on the link between COVID-19-related racial discrimination on depression as well as anxiety. The results from the analyses indicated that engagement coping strategies moderated the link between COVID-19-related racial discrimination and anxiety ( $\beta = -.04$ ,  $p < .05$ ) but not for depression. On the contrary, disengagement coping moderated the relationship between COVID-19 racial discrimination and depression ( $\beta = -.02$ ,  $p < .05$ ) but not for anxiety.

## Discussion

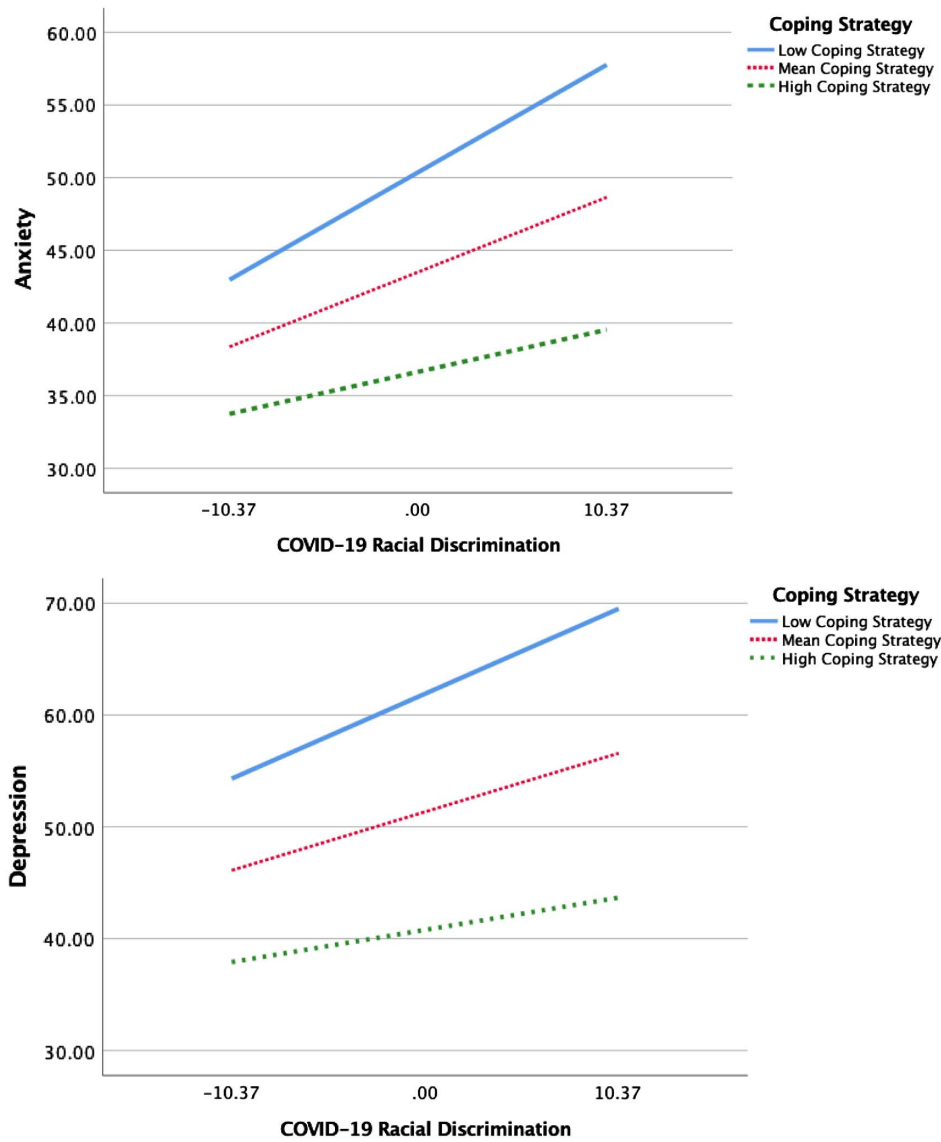
Our study provides empirical evidence that COVID-19-related racial discrimination is negatively related to the life satisfaction of Filipino Americans via increased levels of anxiety and depression (Hypotheses 1a and 1b). Depression mediated the relationship between COVID-19-related racial discrimination and life satisfaction among Filipino American participants (Hypothesis 2). However, anxiety did not mediate the link between COVID-19-related racial discrimination and life satisfaction. In addition, the link between COVID-19-related racial discrimination and depression and anxiety was moderated by coping strategies (Hypothesis 3). Specifically, the relationship between COVID-19-related racial discrimination and depression and anxiety became weaker for Filipino Americans with higher levels of coping strategies compared to those with lower levels of coping. Finally, coping strategies

weakened the mediated relation of COVID-19 racial discrimination with life satisfaction via depression (Hypothesis 4), but not through anxiety.

These findings contribute to the body of research on the experiences of racial discrimination faced by Filipino Americans and specifically, the effects of COVID-19-related racial discrimination on the life satisfaction and mental health of Filipino Americans. Based on our preliminary analysis, each of the participants in our study reported either experiencing or witnessing instances of anti-Asian discrimination since the COVID-19 pandemic. These results echo findings presented by Alvarez et al. (2006) who reported 99% of Filipino Americans faced daily and lifetime racism. The results of our first Hypothesis are consistent with existing research that identified how experiences of racial discrimination among AAPI are linked to greater risk for mood or anxiety disorders (Salas-Wright et al., 2020). Our results are also consistent with research that indicated how racial discrimination negatively affected the life satisfaction of Filipino Americans via increased anxiety and depression (Choi et al., 2020; Gee et al., 2007). The results of our study therefore supplement the existing body of research outlining the negative effects of racial discrimination on life satisfaction and mental health concerns among specific ethnic AAPI subgroups while contributing new information about the effects of COVID-19-related racial discrimination in Filipino Americans. Specifically, the findings from our study contribute to the emerging body of literature on COVID-19's impact among Filipino Americans (Chan & Litam, 2021; National Nurses United, 2020) and Filipinos (Montano & Acebes, 2020; Tee et al., 2020) by identifying the effects of pandemic-related discrimination on the Filipino American diaspora. Our findings suggest a pathway in which COVID-19-related racial discrimination indirectly affects life satisfaction via increased depression and anxiety in Filipino Americans.

Our results indicated coping strategy moderated the link between COVID-19-related racial discrimination and depression and anxiety in Filipino Americans. More specifically, the positive relationship between COVID-19-related racial discrimination and depression and anxiety became weaker with low, moderate, and high coping strategies, but the relation was nonsignificant with high levels of coping. Our results are similar to findings postulated by Alvarez and Juang (2010) which identified the supporting role of coping strategies in weakening the positive link between racism experiences and psychological distress among Filipino Americans. Our findings on the functional role of engagement and disengagement coping responses among Filipino Americans facing COVID-19-related racial discrimination further contribute knowledge to the literature. Engagement coping strategy only moderated the link between COVID-19-related racial discrimination and anxiety ( $\beta = -.04$ ,  $p < .05$ ), while disengagement coping only moderated the link between racial discrimination and depression ( $\beta = -.02$ ,  $p < .05$ ) in our sample. One possible explanation for this finding is that the intersection of colonization history, Indigenous values, and Catholic influences uniquely shapes how Filipino Americans cope with racial discrimination to deal with anxiety and depression (David, 2010; Noh & Kaspar, 2003; Tuazon et al., 2019). Specifically, the functional purpose of each coping response may be related to Filipino Americans' high sensitivity to racism after surviving over 300 years of denigrating racial discrimination through colonization. Thus, it is possible that Filipino Americans may have had more time to develop and tailor diverse coping responses to mitigate the effects of racial

**Figure 2**  
*Coping Strategy Moderates the Effect of Coronavirus Disease 2019 (COVID-19) Racial Discrimination on Anxiety and Depression*



*Note.* See the online article for the color version of this figure.

discrimination on specific presentations of emotional distress (i.e., anxiety and depression), compared to other AAPI ethnic subgroups. The influence of Spanish rule has also resulted in the strong presence of Roman Catholic values. The vast majority of Filipino Americans identify as Roman Catholic (Santos & Chan, 2011), thus participants in the study may have employed the engagement coping strategy of prayer as a response to actively mitigate experiences of COVID-19-related racial discrimination on anxiety. Other examples of problem-focused engagement include discussing problems with friends or family and asking close friends or relatives for help or advice (Addison et al., 2007). These engagement coping responses echo findings from a meta-analysis of 15 studies that reported individuals of Filipino descent were more likely to seek support from their community than to pursue professional mental health services

(Martinez et al., 2020). Examples of emotion-focused engagement coping responses include hoping that problems will take care of themselves and hoping for a miracle (Addison et al., 2007). These emotion-focused engagement coping responses may parallel a *bahala na* mentality, the cultural expectation that emotional problems must be endured (Chan & Litam, 2021; Javier et al., 2014; Sanchez & Gaw, 2007).

Examples of problem-focused disengagement strategies include trying to look on the bright side of things and stepping back from situations to put things into perspective (Addison et al., 2007). Filipino American participants in the study may have found problem-focused disengagement coping more helpful for buffering the effects of racial discrimination on depression because they may have relied on traditional Indigenous coping responses that



underscore virtues of patience, inner strength, flexibility, and hardiness (Sanchez & Gaw, 2007). For example, endorsing *tiyaga* and *lakas ng loob* represent culturally congruent strategies that may help Filipino Americans tolerate challenging or uncertain situations, such as instances of COVID-19-related racial discrimination (Chan & Litam, 2021). Finally, emotion-focused disengagement strategies include spending time alone, engaging in self-blame, and keeping thoughts and feelings to oneself (Addison et al., 2007). These emotion-focused disengagement strategies may be consistent with Filipino cultural values that discourage openly discussing one's personal issues (Sanchez & Gaw, 2007). Our results posit how coping responses may be influenced by cultural notions of hardiness, resilience, flexibility, and virtue among Filipino Americans who face experiences of COVID-19-related racial discrimination.

Obtaining a deeper understanding of the functional effects of engagement and disengagement coping responses among Filipino Americans facing COVID-19-related racial discrimination may be especially important given the ways in which pandemic-related stressors may disproportionately impact Filipino Americans (Chan & Litam, 2021). For instance, Filipino Americans are over-represented in health care settings and the nursing profession, which may increase exposure to pandemic-related stressors, death, and risk for mental health distress (Chan & Litam, 2021; National Nurses United, 2020). An estimated 4% of the overall nursing population identified as Filipino American (National Nurses United, 2020). According to data from National Nurses United (2020), Filipino Americans constituted 31.5% of COVID-19 deaths among all registered nurses and an astounding 54% of COVID-19 deaths among registered nurses from communities of color. Filipino Americans who work in health care settings may therefore face higher rates of stress, racial discrimination, and moral injury in ways that contribute to higher rates of mental health distress and lower levels of life satisfaction compared to other AAPI ethnic subgroups.

### Implications From the Study

The results of our study offer important contributions to research on topics related to COVID-19 and racial discrimination with implications for mental health professionals working with Filipino Americans in a therapeutic setting. First, our findings establish how higher levels of coping responses weakened the link between COVID-19-related racial discrimination on life satisfaction among Filipino Americans. In our sample, both engagement and disengagement coping responses were effective in moderating the effects of anxiety and depression, respectively. It is therefore of critical importance for mental health professionals to identify and amplify helpful engagement and disengagement coping skills among Filipino American clients who present with mental health distress following the COVID-19 pandemic. For example, mental health professionals may encourage Filipino American clients to use engagement coping responses such as letting out one's feelings or talking about their experiences of pandemic-related discrimination or stress with family and friends to mitigate anxiety. Mental health professionals must additionally consider how disengagement coping responses may be helpful or unhelpful and facilitate nuanced discussions about the outcomes of client's coping responses. For example, whereas Filipino Americans may benefit from problem-focused disengagement strategies of looking on the bright side and stepping back to put problems into perspective, emotion-focused

disengagement coping responses such as spending time alone may exacerbate mental health distress. Mental health professionals must be cautioned from placing judgment about the perceived helpfulness of coping responses employed by Filipino Americans, as disengagement responses were found to moderate the effects of depression in our study.

Mental health professionals are additionally called to consider how political rhetoric and anti-Asian discrimination echo decades of oppression that may lead to racial trauma and cultural mistrust (Litam, 2020). When supporting Filipino American clients, it is of critical importance for mental health professionals to convey cultural humility and consider how Filipino Americans' coping styles may be deeply connected to their history and culture. Therapists who disregard the importance of demonstrating cultural respect, building rapport, and increasing trustworthiness through the acknowledgement of Filipino American history, culture, and Indigenous values risk early client termination and superficial, albeit polite, interactions with their Filipino clients (Chan & Litam, 2021; Sanchez & Gaw, 2007).

### Limitations and Future Research

Despite the unique contribution to the literature, the findings of the present study must be interpreted in light of methodological limitations. The use of cross-sectional and correlational research design with convenience sampling is one such limitation. Although we based our conceptual moderated mediated model on previous theory and literature that indicate causality, our research design limits the power to infer stable causality. Thus, it is possible that participants had preexisting stressors before the COVID-19 pandemic, which may have contributed to symptoms of anxiety and depression, and potentially contributed to the relationship between COVID-19 racism and depression and anxiety. Future longitudinal and experimental research designs are necessary to clarify the causality between the study variables. Next, observed instances of COVID-19-related racism were measured toward Asian American people in general rather than solely focused on instances of racial discrimination toward Filipino Americans specifically. Given their unique phenotypical features, it is possible that Filipino Americans may not be perceived as Asian or East Asian (Ocampo, 2016) and may have experienced unique microaggressions distinct to Filipino Americans (Nadal et al., 2015). Future studies are warranted to uncover the types of racial discrimination experiences faced by Filipino Americans during COVID-19 and may additionally determine the extent to which witnessing racial discrimination toward Filipino Americans compared to other AAPI ethnic subgroups may yield different effects on the path.

Although validation items were included for screening, it is possible that MTurk participants may have falsely reported a Filipino American or Filipino with multiracial identity to gain the monetary incentive. Further researcher would benefit from using more diverse modes of data collection (e.g., mailing out and in-person survey) and analyzing differences on scores of study variables between data collection modes. Next, although we found significant mediating and moderating effect in our study, it should be noted that effect sizes were small. Thus, researchers and readers should interpret the results with caution as small effect sizes could be explained by the effect of common method variance in itself. Furthermore, generalizability of our findings may not be transferrable to a broader population of Filipino Americans with diverse

backgrounds, including social economic status, religion or spirituality, and gender or sexual identity. Further research would benefit from recruiting more socially diverse Filipino Americans. Next, the geographic location of Filipino American participants was not collected in this study. Future studies are called to collect the geographic location of Filipino American and AAPI participants as discrimination experiences may differ based on geographic location (Nadal et al., 2015). Finally, researchers would benefit from testing the same model with these three variables included as second-level moderators in the relation of coping strategy with racial discrimination and depression and anxiety.

### Conclusion

This study offers new insight into how Filipino Americans may cope with perceived COVID-19-related racial discrimination. Regardless of different coping forms, greater use of overall coping reduced the negative impact of racial discrimination on life satisfaction among Filipino Americans in our study. In addition, our study evidenced how Filipino Americans may use specific coping strategies (i.e., engagement and disengagement responses) to mitigate specific types of psychological distress (i.e., anxiety and depression) and conceptualizes how coping responses may be influenced by cultural, Indigenous, and religious factors. Our study uniquely contributes to the extant body of research by identifying the path in which COVID-19-related racial discrimination may negatively impact the life satisfaction of Filipino Americans via depression and anxiety while illuminating the importance of cultivating various coping responses that promote opportunities for growth, resilience, and buffer the deleterious sequelae of racial discrimination.

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