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Stress and Anxiety among the Chinese Population in France during the Covid-19 Pandemic: a Study Examining Societal and Individual Factors

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Chinese in France amid the Covid-19 Pandemic

*Daily Lives, Racial Struggles and Transnational
Citizenship of Migrants and Descendants*

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Stress and Anxiety among the Chinese Population in France during the Covid-19 Pandemic: a Study Examining Societal and Individual Factors

Francesco Madrisotti and Simeng Wang

Abstract

This chapter examines the effect of a set of factors triggered by Covid-19 in different time frames on the stress and anxiety felt by the Chinese population in France during the pandemic. In the very first phase of the pandemic, between January and the end of February 2020, Chinese migrants had a higher level of stress and anxiety than descendants. From the end of February until mid-March 2020, all the groups studied experienced an increase in anxiety and stress, with a more significant increase among the descendants. A wide gap between the groups is linked to the factors that triggered the stress and anxiety. Among the migrants, the feeling of anxiety is mainly related to the fear of Covid-19 and infection and, to a lesser extent, to experiences with anti-Asian racism. However, among descendants, the feeling of anxiety seems to be mainly related to racist experiences. This gap is largely linked to the different social representations of Covid-19 and the ways in which it was presented by Chinese authorities and media, on the one hand, and French authorities and media, on the other. During the second phase, which authors call “normalization of the Covid-19 pandemic” (beginning in June 2020), the effects of fear of the virus and of racist experiences on stress and anxiety seemed to diminish. But new drivers of anxiety emerged and affected the most precarious populations. Isolation, educational difficulty, difficulty in accessing the job market, and economic uncertainty are some personal factors that contributed the most to the decline in our respondents' mental health. These difficulties are reinforced by the fact that the outcome of the pandemic remains uncertain. Anxiety is amplified by the barriers that Chinese authorities erected to prevent people from returning to China, and a few interviewees mentioned stress and anxiety related to collective, political, and social life and more broadly to the future.

Keywords

stress – anxiety – fear – virus – racism – media – mental health – uncertainty – Chinese diaspora in France – Covid-19 pandemic – migrants – descendants

1 Introduction

This chapter examines how a set of factors triggered by Covid-19 affects the experiences of stress and anxiety among the Chinese population in France during the pandemic. By employing a quantitative and qualitative approach, we show that these experiences vary across different groups within the population of Chinese origin living in France and through the different periods of the Covid-19 pandemic.

We contend that the Chinese population offers a particular and unique perspective on the Covid-19 pandemic for two main reasons. First, the pandemic began in China. For this reason, people of Chinese origin became aware of the severity of the pandemic and of the measures needed to contain it very early. As early as January 2020, they became concerned about the spread of the virus, and, in many cases, they anticipated the adoption of protective measure more than the general population. Moreover, Chinese immigrants and the population of Chinese origin in France in general are in a position to compare the handling of the pandemic in China with that in their living country and to compare Western and Chinese information sources. The population of Chinese origin living in France witnessed the differences between the strict handling of the pandemic in China and the French (and European) pandemic responses, which they considered inadequate. Awareness of these differences in the handling of the pandemic in France and in China, as well as the differences in the representations of the pandemic between the two countries, can generate stress, anxiety, and fear among individuals.

Second, since the outbreak of the pandemic in China, several studies have analyzed the rise of stigmatization and racism against Asians in general and Chinese in particular (Chan & Montt Strabucchi, 2021; Gao, 2021a, 2021b; Gover et al., 2020; He et al., 2020; Li & Nicholson, 2021; Ma & Zhan, 2020; Roberto et al., 2020; Wang et al., 2021; see Chapter 10) in a wide range of countries worldwide. The rise of stigmatization and racism is fueled by the racialization of the pandemic, associating the real or supposed Asian origins of the virus in media and political discourses and also explicitly scapegoating Chinese authorities and Chinese people by some Western political leaders in a context of international economic tensions (Gao, 2021b).

Our research aligns with numerous empirical studies conducted in different national contexts and at different times during the pandemic that expose the impact of Covid-19 pandemic on individual mental health. Huang et al. (2020), Johnson et al. (2021), and Qiu et al. (2020), for example, have demonstrated that increases in anxiety, stress, and depression reflect that mental health and well-being have been severely compromised by the Covid-19 pandemic

(Adams-Prassl et al., 2020; Davillas & Jones, 2021). Researchers have also been engaged in efforts to identify high-risk groups through investigations that focus on the relationship between people's mental health and the socioeconomic characteristics, demographic features, and habits of such groups. For example, researchers studied how, during pandemics, demographics, living conditions, lifestyles, media use, physical symptoms, and mental health are associated with a greater psychological impact of the outbreak and higher levels of stress, anxiety, and depression (Wang et al., 2020). Several studies have focused specifically on media consumption and the impact of media use on anxiety and stress reported (Bendau et al., 2021; Neill et al., 2021; Zhao & Zhou, 2021; see also Chapter 1). These studies highlight that higher anxiety levels were linked to higher frequency of internet news use and online health information about Covid-19 (Shabahang et al., 2020).

It has been well established that minority and vulnerable groups tend to be affected more than others by the negative physical (Bajos et al., 2021) and psychological effects of the pandemic (Kuhn et al., 2021), particularly those who are socially isolated and have limited socioeconomic resources. In this regard, these ethnic minorities are hit particularly hard by the pandemic in terms of health and financial outcomes (Soiné et al., 2021). These ethnic disparities (Wang, 2021) could lead to differences in the perception of risk among these groups, which in turn can result in an increase of stress, fear, or frustration (Soiné et al., 2021). Although, as Ming and De Jong (2021) point out, these studies note these correlations, they do not always address the underlying causes that might contribute to the deterioration in an individual's mental health during the pandemic. In other words, these studies do not examine systematically whether and how mental health and well-being are affected by factors that could be triggered by the pandemic, such as people's fear of the virus, loneliness, and social isolation during the lockdowns as well as economic uncertainty.

For minority groups, the rise of stigmatization and racism (see Chapter 10) or a general sense of disconnection with the majority population in the experience of the pandemic must also be considered (Haft & Zhou, 2021; Tessler et al., 2020). Some studies examine the relationship between anti-Asian racism and the deterioration in mental health among Asian populations in the US and Europe. Wu et al. (2021), for example, show that because of a spike in anti-Asian hate crimes in the United States, Asians (especially Asian Americans) experienced higher levels of mental disorder than Whites. They also found that Asian Americans and Asian immigrants were about twice as likely as Whites to report having experienced acute Covid-19-related discrimination and that these experiences increased mental disorders for the full sample. A study by Pan et al. (2021) reveals that Asians in the US were more likely to report experiencing

coronavirus stigmatization than respondents categorized by the authors as non-Hispanic Whites and that individuals reporting coronavirus stigma were significantly more likely to exhibit psychological distress. Several studies focus on different groups of people of Chinese origin in the US. Litam and Oh (2021), for example, show that, for Chinese immigrants and Chinese Americans, racial discrimination was negatively associated with life satisfaction and positively related to depression. They also found that strong ethnic identity moderated the relationship between Covid-19-related discrimination and depression. In a study that focused on Chinese American adolescents and highlighted the utility of person-centered and intersectional approaches in understanding experiences of racial discrimination, Zong et al. (2021) report a correlation between Covid-19-related racial discrimination and anxiety among Chinese American youth. Ma and Miller (2021) look at Chinese overseas students and, through administering an online questionnaire, they show that high levels of anxiety stemmed primarily from discrimination by the media, fear of Covid-19, and mixed and contradictory messages from their social connections. They indicate that Chinese students overseas faced “double bind” in which they receive two or more conflicting messages from people with whom that have a close relationship, significantly increasing their anxiety. Moreover, participants who could not effectively differentiate the opposing and contradictory messages from their social connections felt the greatest stress.

In a study that focuses on Chinese immigrants in the Netherlands, Ming and De Jong (2021) investigate the personal and social antecedents of mental well-being. This study indicates that the fear of Covid-19 not only was related to participants’ psychological state but more broadly to concerns about their financial security, loneliness and isolation, and the feeling of losing time had a significant negative impact on Chinese immigrants’ mental well-being. Finally, the perceived increase in anti-Asian racism strongly contributed to deterioration in the participants’ mental well-being as well as distrust of Dutch Covid-19 information and figures. As shown by Gao (2021a), racism, social disapproval of political criticism, and the feeling of “double unbelonging” defined as a loss of belonging to both the society of origin and the host society, are three coexisting conditions that are detrimental to Chinese migrants’ mental health.

2 Our Study: How the Pandemic Affected the Mental Well-Being of the Chinese People in France

We maintain that, in order to examine how the pandemic affected the mental well-being of the Chinese populations living in France, at least two dimensions

must be considered: the societal dimension and the temporal dimension. First, in terms of the societal dimension, we must take into account the particular position of the Chinese population in France and the rise of racism against Asians. Second, we must take into consideration the timing of the Covid-19 pandemic as the health crisis evolved.

For the purposes of our analysis and interest in tracing the evolution of the pandemic in France and, consequently, the experiences of the Chinese population living in France, we distinguish two periods. The first, from January to June 2020, corresponds to when the worldwide outbreak of Covid-19, the collapse of the French health-care system and the implementation of a national lockdown occurred. During this period, in France (as well as in many other countries worldwide), the virus was strongly associated in political and media discourses with China and the Chinese. Furthermore, as many in the population of Chinese origin in France noticed, the handling of the pandemic in France, and the pandemic management in China greatly differed (which many Chinese migrants described as “shocking”). In France, the approach was characterized by downplaying the danger of the virus whereas, in China, the disease was portrayed as extremely dangerous, and the authorities implemented strict control measures. We define this period as one of “discovery and emergency.”

The second period, from June 2020 to the present, is characterized by “normalization” of the pandemic and by the collective and individual measures needed to contain the spread of the virus. In June 2020, at the end of the first lockdown, France and the majority of European countries ended the emergency period and began a period in which people, scientists, and health and political authorities attain to a better understanding of the virus, its dangers, and the protective measures needed to counter it as well as the subsequent waves of variants. At this stage, the pandemic was of global concern, and the virus was no longer associated with the Chinese. We defined this second period as one of “normalization of the Covid-19 pandemic.”

In this study, we examine the effect of different factors triggered by the pandemic, in the two periods, on the mental health of the Chinese population in France. In particular, we examine the impact of fear of the virus, the experience of racism against Asians, the feeling of being out of step with the French population in terms of perception of the danger of the disease, and the effect of financial concerns and worries about future professional or student life, loneliness, and isolation on the experience of stress and anxiety and deterioration in mental well-being. In particular, we examine the differences in the emergence and behavior of these factors in the two periods.

3 Data and Methods

To examine the effect of the pandemic on the mental well-being of the Chinese population in France, we used the quantitative and qualitative approaches in different ways in the two periods. For the first period, “the period of discovery and emergency,” we combined quantitative and qualitative data; for the second period, “the period of the normalization of the Covid-19 pandemic,” we relied only on qualitative data.

As mentioned earlier, we used an online questionnaire to study the multiple aspects of daily life experiences among the Chinese population in France during the Covid-19 pandemic from May to December 2020. One section of the online questionnaire examined the evolution of individual experiences with stress and anxiety during a period from the identification of the Covid-19 virus in Wuhan in late December 2019 to the end of the first national lockdown in France in mid-May 2020. It also covers the successive and gradual reopening of schools, public institutions, and non-essential retailers in June and July 2020. We used our online questionnaire to analyze several factors during the first period, such as how fear of the virus, experiences with racism against Asians, and the feeling of being out of step with the French population in terms of perception of the danger of the disease and as the need to adopt protective measures, affected the stress and anxiety felt in the Chinese community in France.

Our interviewees also described the evolution in their feelings of stress and anxiety throughout the pandemic, not just in the first period. These ethnographic interviews enabled us to round out and interpret the results of our quantitative data as well as examine how the feelings of stress and anxiety in the first period changed in the second period. It also allowed us to test a hypothesis about how the factors that led to the feelings of stress and anxiety evolved among the population of Chinese origin in France from the outbreak of the pandemic in China in January 2020 until the end of the first lockdown in June 2020. We then examined how the experience with racism against Asians, fear of the virus, and feelings of discrepancy affected individual levels of stress and anxiety.

In our online questionnaire, we asked our respondents to rate their level of stress and anxiety on a scale of 0 to 10 (where 10 is the highest) across four periods: the first is from early January to late February 2020; the second is from March to March 17 (the beginning of the national lockdown in France); the third period is from March 17 to May 11 (the national lockdown); and the fourth is from May 11 (the end of the national lockdown) until the summer of 2020.

The questionnaire also asked whether, during this entire period, the respondent suffered (1) physical attack, (2) insults, (3) accusations of spreading the

disease, (4) contempt, or (5) deprivation of rights. The responses were scored using a two-point scale (0 = no, 1 = yes). We combined these items to create a scale of experience with subjective racism, ranging from 0 to 5, with higher scores indicating more encounters with racism.

To capture the respondent's fear of the virus and risk perception, we used an indirect measure related to the protection measures adopted by the respondents during the pandemic, asking whether, over the period January to June, the respondent (1) wore a protective mask, (2) went out less, (3) stopped working, (4) stopped going to school (or stopped their child from going to school, or (5) stopped using public transportation. All five items were scored on a two-point scale (0 = no, 1 = yes). As with the scale of experience with subjective racism, we combined these items to create a scale of subjective risk perception ranging from 0 to 5, with higher scores indicating a greater perception of risk; we used this index as an indirect measure of the respondent's fear of the virus. We are aware that further studies would be valuable using direct measures of fear of the disease.

Finally, we posed the following question: "Do you feel out of step with other people in the adoption of measures to protect against infection with Covid-19?" Respondents had three options: (1) No, (2) I don't know, or (3) Yes. We treated this item as a three-point ordinal scale (no = 1, I don't know = 2, yes = 3).

Our analysis consists of two steps. First, taking advantage of the quantitative data, we constructed a linear mixed model to estimate how an individual level of stress and anxiety varies across the four periods and among the three migratory status groups (naturalized migrants, nonnaturalized migrants, and descendants), the two groups by sex, and the six groups by migratory status and sex. Second, we constructed a structural equation model to estimate, first, the effect of the subjective experience of racism, fear of the virus, and the feeling of being out of step on the individual level of stress and anxiety and, second, the effect of the subjective experience of racism and the fear of the virus on the feeling of being out of step, and their indirect effect on the individual level of fear and anxiety through the feeling of being out of step. For the second period (June 2020 to June 2021), we mobilized data from the interviews and the ethnographic observations conducted both in person in the field and online and from media monitoring in Chinese, French, and English.

4 The Period of Discovery and Emergency (January–June 2020)

4.1 *The Evolution in Stress over Time*

Figure 3.1 shows the individual level of stress and anxiety among descendants, nonnaturalized migrants, and naturalized migrants. Overall, between January

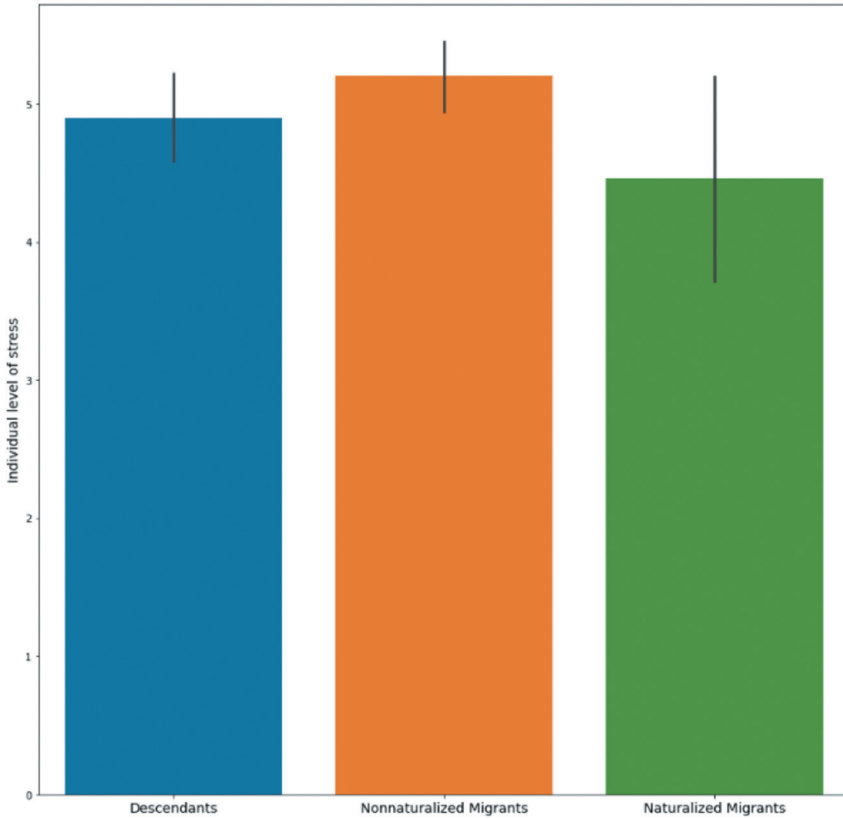


FIGURE 3.1 The overall level of stress between January and June 2020; the mean across the three migratory status groups

and June 2020, descendants had a level of stress and anxiety score of 4.89 (95% CI, 4.74–5.04), nonnaturalized migrants had a score of 5.19 (95% CI, 5.06–5.32), and naturalized migrants had a score of 4.45 (95% CI, 4.08–4.82). Nonnaturalized migrants report feeling more stress and anxiety than descendants and naturalized migrants, but these differences are not statistically significant.

To test our hypothesis that the pandemic negatively affected the mental health of our respondents, we examine the changes in individual levels of stress and anxiety over the four periods. Figure 3.2 shows changes over time for the three groups. In the first period (January–February 2020), nonnaturalized migrants report more stress and anxiety (mean, 4.76; 95% CI, 4.57–4.94) than the descendants (mean, 3.84; 95% CI, 3.66–4.02) and naturalized migrants (mean, 3.2; 95% CI, 2.95–3.67), which is the group that experienced the least stress. The difference in stress and anxiety between nonnaturalized migrants and descendants and between nonnaturalized migrants and naturalized migrants is noteworthy: between January and the end of February, nonnaturalized migrants

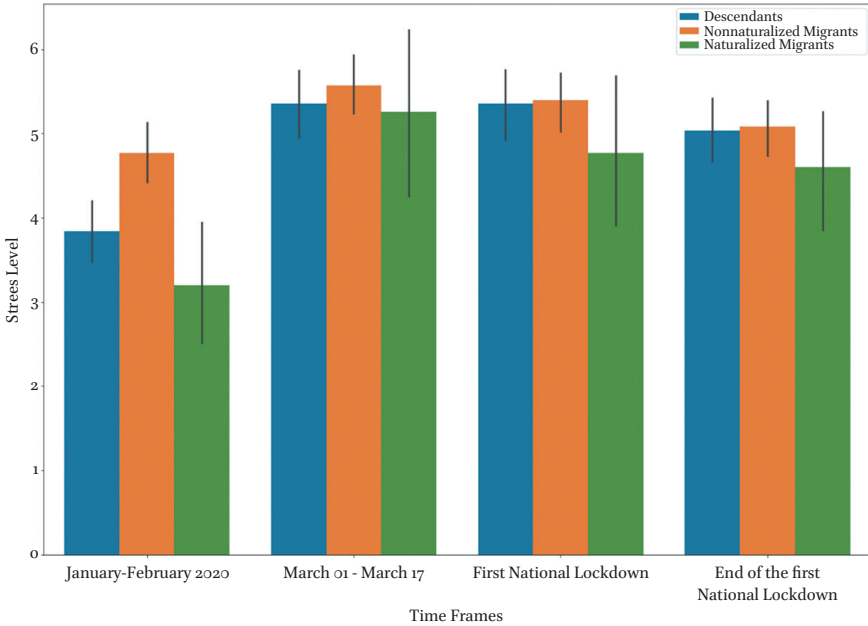


FIGURE 3.2 The evolution of the individual level of stress over the four time frames and the three migratory status groups

are 24 percent more stressed than descendants and 48.7 percent more stressed than naturalized migrants. The mental health of the nonnaturalized migrants seems to be affected by the pandemic earlier than that of the other groups. This is because at that time the Chinese authorities portrayed the disease as serious and imposed very strict control measures, whereas the French authorities declared that the virus did not pose a threat to France.

Indeed, alerted by Chinese authorities and their relatives in China, a large number of nonnaturalized migrants thought that the virus was going to spread in France and found the reaction by the authorities and the population in French inadequate.

We also found that feelings of stress and anxiety increase strongly in all three groups (+16% for nonnaturalized migrants, +39.3% for descendants, and +64% for naturalized migrants) and reached the highest level in the second period (March 1–17, 2020), when the virus was spreading widely in several European countries and some of them (but not yet France) began to impose strict control measures, including local or national lockdowns. Then, in all three groups, the level of anxiety and stress stagnated during the national lockdown and slowly decreased at the end of the lockdown but remained higher than during the period January to February. To examine these trends more closely, we estimate

the effect of the four periods, migratory status, and sex on the individual level of stress and anxiety using a linear mixed model.

Table 3.1 shows the results of our model: the individual level of stress increases strongly in the second period in all three groups and decreases slowly in the third and fourth periods (in relation to the second period, but still increases in relation to the first period). The individual level of stress is significantly higher in the second, third, and fourth periods than in the first. We also found that nonnaturalized migrants report feeling more stressed than descendants, and naturalized migrants report feeling less stressed than descendants; but these effects are not significant.

Finally, a majority of the global variation in the level of stress and anxiety is explained by the individual level; in other words, individuals generate more variation than migratory status and sex.

TABLE 3.1 Mixed model estimations of the effects of multiple factors on stress at the individual level

Predictors	Estimates	95% CI	p
Intercept	4.34	3.30, 5.38	< 0.001
Time frames			
March 1-17	1.18	0.94, 1.43	< 0.001
First national lockdown	1.04	0.79, 1.28	< 0.001
End of the first national lockdown	0.75	0.50, 0.99	< 0.001
Migratory status			
Migrants who are not naturalized	0.17	-1.20, 1.53	0.811
Migrants who are naturalized	-0.64	-2.23, 0.94	0.426
Sex			
Males	0.93	-1.98, 0.12	0.082
Random effects			
σ^2	2.96		
τ Individuals	4.47		
τ Migratory status	0.20		
τ Sex	0.03		
ICC	0.61		
n. migratory status	3		
n. sex	2		
n. individuals	381		
Observations	1524		
Marginal R-squared/Conditional R-squared	0.04/0.629		

4.2 *How Experiences with Racism, Fear of the Virus, and the Feeling of Being out of Step Affect the Individual Level of Stress and Anxiety*

Following the hypotheses presented in the first part of this chapter, we examined how the subjective racism experience, the fear of the virus and the feeling of being out of step negatively affect the mental well-being of our respondents through the increase of the stress and anxiety. We also examined if the experiences of racism and the fear of the virus indirectly affected stress and anxiety through an increase in the feeling of being out of step. To examine these relationships, we performed a path analysis using a structural equation model (SEM). For each respondent, we retained only one measure of stress and anxiety, the individual mean over the four periods. The model is presented in Figure 3.3, and the main results are in Figure 3.4.

Our model shows that, among the descendants, the main predictor of the individual stress level is the subjective experience of racism (Beta = 0.558, SE = 0.148). The effect on the individual stress level of fear of the virus is positive but not significant.

As with the descendants, among the nonnaturalized migrants, experience with racism significantly increases the individual level of stress (Beta = 0.283, SE = 0.132). However, in contrast to the descendants, among the nonnaturalized migrants, the factor with the largest impact on increasing an individual stress level is fear of the virus (Beta = 0.416, SE = 0.133). We found no significant effects from experience with racism and fear of the virus on the feeling of being out of step and on the personal level of stress through the feeling of being out of step. Finally, among naturalized migrants, none of the variables examined had a significant effect on the individual stress level. Still, experience with racism causes the increase in the level of stress. However, because of the size of the group and of the estimated standard error, we must regard this result with great caution.

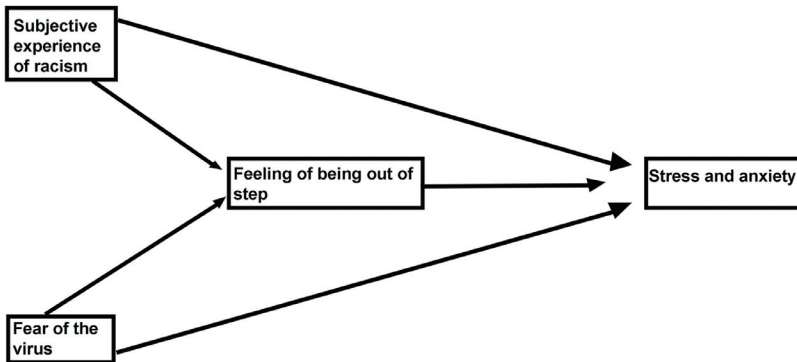


FIGURE 3.3 Path diagram representing the structural equation model WU ET AL. (2021)

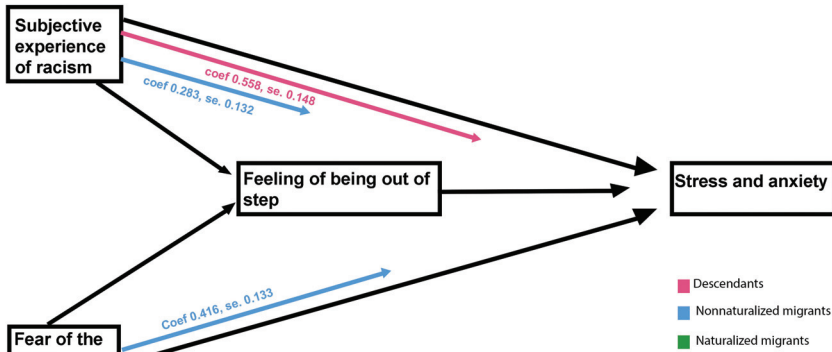


FIGURE 3.4 Path diagram representing the significant effects estimated by the structural equation model

Our quantitative data covering the first period indicate some strong patterns. Concerning the evolution of stress and anxiety over the four periods, we found that nonnaturalized migrants are significantly more stressed during the first period (January–February 2020) and that the level of stress and anxiety greatly increases (though less so than among descendants and naturalized migrants) in the second period. In other words, this was in the weeks leading up to the first national lockdown in France and at a similar level in the three groups, and that, in all three groups, the level of stress stagnates or slowly decreases during and after the first national lockdown but remained significantly higher than in the first period. Among descendants, stress and anxiety are strongly connected with experience with racism. In contrast, among nonnaturalized migrants, experience with racism and fear of the virus both affect the individual level of stress, but fear of the virus has a stronger impact. Among naturalized migrants, experience with racism seems to increase the individual level of stress, yet our estimations remain quite imprecise. We found that fear of the virus has no or little impact on the feeling of anxiety and stress among people born in France and people born outside France but who have lived in France for a long time (naturalized migrants). In the next section, we focus on how our respondents made sense of their feeling of stress during the period between January and June 2020, and, in particular, we examine whether their accounts support the differences we observed in our quantitative data.

4.2.1 Making Sense of the Feeling of Stress and Anxiety

In our interviews, we asked the respondents to talk about their feelings in relation to the changes due to the pandemic. We found that a feeling of stress and anxiety was very common, but it was described in very different ways and associated with different times and different factors. Early on, nonnaturalized

migrants were affected by Covid-19. In fact, since January 2020, they had followed news from China that described the strict measures taken by Chinese authorities to contain the spread of the virus. They followed the details of its dramatic effects on physical health: local lockdowns, mobilization of thousands of doctors and nurses in the Wuhan region, the construction of new hospitals and a media campaign describing the virus as extremely dangerous and recommending the population to take protective measures very quickly. Moreover, among the nonnaturalized migrants, the Covid-19 virus revived painful memories of the SARS pandemic in 2002 and the strict protective measures needed (at the individual and collective level) to counter it. In addition, through exchanges with their families and relatives in China, the nonnaturalized migrants continued to hear about their parents' and friends' concern about the virus. Indeed, beginning in January, nonnaturalized migrants feared the virus and expressed worries about their parents' and friends' physical health in China and the potential spread of the disease to France.

One such nonnaturalized migrant is Zhe, a thirty-six-year-old from Hubei who is a geologist at the University of Nancy. Zhe described his feeling of stress and anxiety between January and March 2020, when the virus was spreading in China and then on a global scale:

To be honest, it was really scary to see those local people [in the Hubei region], many people in panic looking for help, ... and watching the news [on Chinese media] about many families that have lost their loved ones, or the whole family died and so on; it is very sad. A more painful private thing: at that time, my grandfather and my cousin were infected, but luckily they survived, ... they were in the hospital for nearly forty days.

INTERVIEW CONDUCTED IN CHINESE, JANUARY 2021

For Zhe, Chinese official media and Chinese social media played a crucial role in increasing stress and anxiety among nonnaturalized migrants by describing the virus as extremely dangerous to individual health:

Social networks are good tools for information, ... but there is a problem: a lot of information is not verified and leads to panic and misjudgment. This is a personal example: at the end of December 2019, I saw in the news [on social networks] that someone said that SARS was back in Wuhan, and some people were infected. Some doctors, such as Li Wenliang, passed the information to their own small circle. ... When I saw this information, I was very afraid because I had experienced the first wave of SARS. ... My perception is that this new virus is very scary, and, if get

it, you will die. At that time, I saw some domestic reports in the Chinese media in which a normal person suddenly falls to the ground and dies; when I saw these news, I was very nervous because in Nancy we meet with a lot of Chinese people, and, at that time, it was the end of French vacation time, and many students from Hubei were returning to France.

INTERVIEW CONDUCTED IN CHINESE, JANUARY 2021

Zhe's stress and anxiety were clearly triggered by fear of the virus and pushed him to take very strict protective measures, such as asking his wife to stop working and going into self-isolation very early, "around February 29," three weeks before the national lockdown in France. Fear of the virus was fueled by how it was presented in Chinese media and by the understanding in Chinese society of Covid-19 and the measures needed to contain it. Zhe added:

What I want to say is that through scary reports the Chinese media only raise fear, such as the young man who fell to the ground and died. ... I am an example myself, as, at first, I was really afraid even to go out. I was really scared even to go out, touching nothing because I thought that I would get infected—after all, I have a wife and children at home.

INTERVIEW CONDUCTED IN CHINESE, JANUARY 2021

Clearly, for Zhe, there are different cultural representations of the disease across different countries and the Chinese one was particularly based on the "fear" of the virus. In contrast, Zhe found that a more scientific approach was present in the European and US media, with more available data and a description of the virus as less dangerous than that given in the Chinese media. These different representations affected the way in which people experienced the pandemic and, in particular, how their personal level of stress and anxiety was affected by the Covid-19 virus. Zhe described this process in this way:

I kept following the data from the United States, France, and Europe, but I slowly realized that if you look carefully at these data, and the relevant academic papers, the global average rate of mortality is about 0.1 percent, and it may be different for different ages—for example, the mortality rate below the age of fifty may be 0.0 or so, whereas the mortality rate above the age of sixty is about 3 percent or 4 percent. This is why some people say that Covid is just like the flu: of course, I am not saying this to make people relax their vigilance, but ... what I want to say is that when I can look at more comprehensive data and papers, I will gradually calm down. Of course, I think it was necessary to take protective measures, but

with Chinese information, this was done blindly and caused a lot of pressure on my psyche. ... My in-laws in China have not calmed down so far; for example, they know that we have 10,000 to 20,000 people diagnosed a day. They feel as if we are surrounded by the virus everywhere, in a very, fearful state. They have been fearful since January 23, when the lockdown in Wuhan started.

INTERVIEW CONDUCTED IN CHINESE, JANUARY 2021

In the first period of the pandemic, Zhe's level of stress and anxiety was strongly and almost exclusively associated with fear of the virus and its threat to physical health. Zhe linked his fear of the virus to the representation of the disease in Chinese official media and social media, which, since January 2020, have described the virus as extremely dangerous (see Chapter 1), and, according to Zhe, Chinese policies for controlling the spread of the virus were based on "people's fear [of the virus]." The feelings of stress and anxiety among many nonnaturalized migrants in France and many people living in China greatly increased, leading them to be extremely afraid of the virus's potential effects on their physical health.

For the nonnaturalized migrants, an additional source of anxiety was the perception that the French political and health authorities were not taking adequate measures for limiting the spread of the virus. When chatting with their French friends and colleagues, they observed very little concern about the virus and its dangers, which they considered remote. Yan, a nonnaturalized migrant and a student at the University of Montpellier, described her experience before the first national lockdown in France as follows:

At first, I had the impression that the French didn't really care about the virus. When I was in Montpellier, and there was a case, my friend told me to go out, and I was very afraid. However, my French friends told me that it was not a problem for young people, that only the old and weak were infected, and that it did not matter. They also didn't think they should wear a mask.

INTERVIEW CONDUCTED IN CHINESE, SEPTEMBER 2020

In this context, some nonnaturalized migrants started to wear masks in public and on public transportation in order to protect themselves. Because of this protective behavior and the strong ethnic inflection about the disease in political and media discourses, some nonnaturalized migrants experienced racist attacks, consisting mostly of insults and accusations of spreading the disease

(Wang et al., 2021). On multiple occasions, these attacks drove some nonnaturalized migrants to engage in self-censorship. Indeed, some nonnaturalized migrants, frightened by the spread of the virus but intimidated by these attacks (which they directly experienced or witnessed), decided not to wear masks in public. As Yan told us:

Before the lockdown, I didn't dare to wear a mask because if you wore one, the other French people would look at you very differently and maybe more directly. They walked around you or yelled, so I didn't dare to [wear a mask]. I saw a few friends wearing them, and they all said they were getting a lot of strange looks.

INTERVIEW CONDUCTED IN CHINESE, SEPTEMBER 2020

These attacks heightened the level of anxiety experienced by individual migrants. Indeed, nonnaturalized migrants believed that this context strongly exposed them to racist attacks, which were more frequent and violent than before and had been unimaginable a few months earlier (see Chapter 10). Some nonnaturalized migrants gave up on protecting themselves in public in order to reduce the risk of attack and thus put themselves at higher risk of infection.

These racist attacks were strongly denounced on social media and in the official media. This denunciation raised awareness among the nonnaturalized migrants of racism against Asians in France, particularly among those who had not yet experienced it themselves and therefore were not concerned. We noticed different periods of fear of the virus and experiences with racism. Indeed, fear of the virus began at the beginning of January 2020, before the surge in racist attacks in France began in February, when Covid-19 infections were first reported in France. The racist attacks linked to Covid-19 reached a peak between February and April 2020 and seemed to decrease as the spread of the virus turned into a global pandemic and was less associated with China and Chinese people.

Among nonnaturalized migrants, anxiety was triggered by both the fear of the virus and experience with racism. In the minds of our respondents, these two factors are often intertwined. Anxiety was provoked by a personal feeling of being out of step with French society, and this feeling resulted from the convergence of the fear of the virus and the racism experienced in relation to the pandemic. This experience created the perception of a discrepancy in social norms and expected behavior in China and in France in the context of the pandemic. Moreover, it underlies the impression that social norms and behavior expected in French society to contain the pandemic were insufficient and

consequently put the health of millions of people at risk. Qiaoling, a twenty-five-year-old nonnaturalized migrant and a graduate of Sciences Po, described her experience during the first months of the pandemic, before the national lockdown in France, as follows:

I was very stressed at that time. ... I did not wear a mask [at that time] because other people here find it strange, and I heard people's comments. Also, the pandemic is getting worse in France, and discrimination is felt more than at the beginning: I have never encountered discrimination before, so I am not sure whether what I have experienced is necessarily discrimination. I have a friend who wears a mask at work, and the manager asked him to take it off because it causes panic [between clients and colleagues]. It's very difficult to understand what's going on here: another friend said that someone in the street said that [because] he is Chinese, he should stay away from him.

INTERVIEW CONDUCTED IN CHINESE, JULY 2020

Another migrant, Dr. Lei, a general practitioner, mentioned her high level of stress and anxiety as a health worker:

Every night when I left my medical practice, I felt exhausted, as if my body had been drained. I don't want to live with this fear all my life. I am less afraid for myself, but if I catch Covid, I'm afraid that I would pass it on to my patients.

INTERVIEW CONDUCTED IN CHINESE, JANUARY 2021

Unlike the skilled migrants discussed above, Chinese working-class migrants, under the influence of Chinese-language media (see Chapter 1), reported their stress and anxiety due to fear of the disease. This is illustrated by the case of Ms. Ma, a seventy-year-old retired cleaner. In an interview conducted in Chinese in June 2020, she stated that her family was very afraid to go out shopping, and, so, they stored a lot of food to avoid leaving the house. After the announcement of the first national lockdown in France, they moved to the countryside. In a housing development located in a suburb north of Paris, where the population is 70 percent Chinese, the vast majority of whom are working class (see Chapter 5), the inhabitants quickly set up a delivery system for fruits and vegetables, as they feared contamination and wanted to avoid going out. For those whose living conditions are more precarious (see Chapter 8), the stress comes not only from fear of illness but also from the loss of financial resources, due to the loss of work. For all these people, racism was not at the center of their

reasoning when they talked about the stresses they feel. Furthermore, they did not report stress in the form of feeling out of step with the French society, because they live largely within Chinese ethnic networks and rarely meet up with members of the majority population in France.

Consistent with our quantitative data, in the first period and, notably, from January 2020 to March 2020, descendants appeared to be stressed very little by the virus. In line with media and government announcements in France, most of them considered Covid-19 a distant danger, found in China. In some cases, the danger might concern their own family or friends in China, but they felt safe in France: The virus could not reach them. Denis, a twenty-one-year-old who works at his parents' grocery store, described his feelings when he first heard about the Covid-19 virus spreading in China when listening to a major French television channel:

Denis: During the transportation strike in France last December [2020], I was at work, I put on BFM [French twenty-four-hour cable news channel] as usual, and they were talking about the new virus in China. I thought it was just some kind of flu, as a lot of people thought at that time [in France] and that it would never reach the borders of France, well, of Europe ... and then it reached ...

Q: So, at the beginning, you didn't really care about Covid-19?

Denis: Yeah, I thought it was on the other side, in China, that it was never going to reach France, that it's a little thing! [laughs] But no, then I woke up one morning, I saw the first case in France, a second case, a third case, a thousand cases! I didn't understand anything!

INTERVIEW CONDUCTED IN FRENCH, JULY 2020

Similarly, Amanda, a twenty-three-year-old descendant who is an insurance executive, described her feelings when she became aware of the reality of Covid-19, during the period January to April 2020:

I regularly consult the French media, but as I am often in contact with my grandmother [who lives in Cambodia], I often see the reactions from the Chinese media. And so, based on my reading, I was not really shocked and anxious about the disease. I lived far away and did not feel much anxiety. But, based on things she said, I was still vigilant because she consults some Chinese media and maybe the cultural and geographic proximity led her to have different opinions from those I obtained from French

media; it was not shocking to me in January and February—it did not seem shocking at all. And then when the first cases occurred in Europe, I would say at the end of January, beginning of February, when I had planned to go to Switzerland, it was the weekend before the lockdown, March 14. I was not afraid of the Covid-19 virus at all. I had not stocked up, and I was really calm about the virus even though there were already many cases in Italy, France, England. ... The fact that I am young, less than twenty-five years old, played a role because the studies and the media at that time showed that it was the elderly who were affected.

INTERVIEW CONDUCTED IN FRENCH, NOVEMBER 2020

In this first period, the descendants seem to be concerned very little about the virus, primarily due to the geographic distance from China. Second, as Amanda accurately described, when the virus started to spread in Europe, this lack of concern was related to the way in which the disease was portrayed in the media and by health and political authorities in France. As she said, she was very “calm” because the media and health authorities in France described the virus as marginally dangerous and as a threat only to the elderly. She then planned her winter vacation in Switzerland only two days before the national lockdown in France. At the same time, her grandmother was telling her about how Chinese media were describing the disease as dangerous.

Although the descendants seem to be far less concerned than the nonnaturalized migrants about the dangers to their physical health of Covid-19 during the first period of the pandemic, they described the period from mid-February to April as very stressful. Many described the transition from a stage of feeling calm and carefree to one of stress and anxiety. According to Monica, a twenty-three-year-old descendant who is a student, the increase in stress and anxiety among descendants was clearly associated with the spike of acts of racism in France and worldwide against people of Chinese origin that had occurred since February 2020:

So, at the beginning, I didn't feel concerned at all. For me, it was a disease that was really in another country, and it wasn't going to affect us. And over time, when all the stigma about China, the Chinese, etc., began to appear, I started to think: yeah, maybe it concerns us a little more. ... What made me feel really concerned was all the media reporting—for example, Chinese restaurants that had been vandalized or certain Asian restaurants that were completely empty. ... It was a lot of little events reported in the media that made me realize that there was indeed a problem linked to people's perception of the disease and their views of Asia

and Asians. ... When I say “concerned,” I am talking about stigma, racism. ... Sometimes there are looks, maybe it’s only paranoia, but we have the impression that people are giving us bad looks. Sometimes, it is very simple things: for example, if we stand in line to—I don’t know—eat noodles, we hear remarks in the background, such as: “Maybe we shouldn’t eat too much Asian food right now; maybe it’s not the right time.” You say to yourself: that’s tense.

INTERVIEW CONDUCTED IN FRENCH, OCTOBER 2020

Camille, a twenty-three-year-old descendant and a student, said that, during this period, her anxiety was related not to the spread of the virus but to the spread of racism against Asians in France:

What scared me the most were the stories I heard about people being spat on in the street and being called “Covid.” That’s what I was afraid of—not catching Covid-19, but getting beaten up in the street. ... So, my anxiety was never linked to the pandemic itself, at least not for my health, as I live alone. But I think that the fact of having been locked up, of having consumed, in spite of myself, so much harmful information and so much hatred—that really increased my anxiety. I know about all this hate, and I fight against racism in general. But it’s mostly the increase in these behaviors and the fact that people were much more comfortable about saying these kinds of things [that increased my anxiety].

INTERVIEW CONDUCTED IN FRENCH, NOVEMBER 2020

Finally, as shown in Chapter 1, some descendants denounced the ethnic and racist discourses toward people of Chinese origin that appeared in some French media. Camille was extremely frustrated and stressed by the increase in racist discourses in French official media. She said that, to avoid this stress, she had to reduce her media consumption:

Yes, it’s because of some of the comments ..., sometimes I have nightmares about looking at the comments in some publications, and then I start to go crazy. ... and even the official media—it was unbearable. There was nothing informative, ... it made me tired. ... The way in which China was treated by the Western media is very much marked by a certain orientalism, by “othering” in fact, ... of a “formless mass,” in which “they are numerous; it’s their fault,” as if they were people who do not have personalities.

INTERVIEW CONDUCTED IN FRENCH, NOVEMBER 2020

Among the descendants, stress and anxiety are mainly and very clearly associated with the experience of racism (see Chapter 10) and the virus itself does not seem to scare them. The perception of the virus among descendants, as well among nonnaturalized migrants, is linked to the social construction of the disease, namely the way in which the disease has been presented by health and political authorities as well as by the media (see Chapter 1). For example, on February 18, 2020, the minister of solidarity and health announced on the national radio station France Inter: “France is ready because we have an extremely solid health-care system.” On March 6, 2020, French president Emmanuel Macron declared: “Life goes on. There’s no reason to change our habits about going out, except for fragile populations.”

At the same time, much of the national media was occupied by physicians, such as Dr. Didier Raoult, who on February 3, 2020, declared on BFM that “there is no reason to be afraid” and defined the virus as “not so bad.” We are not trying to describe comprehensively how the French and Chinese media presented Covid-19 during this period, only to emphasize the fact that the media and political and health authorities in China and France portrayed the virus very differently. These differences explain, at least in part, the different attitudes toward Covid-19 among descendants and nonnaturalized migrants.

Official media and social media also played a role in the increase in anxiety related to racism among both descendants and nonnaturalized migrants. Since February 2020, official and social media have revealed and strongly denounced racism against Asians in France. As many interviewees expressed, they learned about the expansion in racist activity against people of Asian origin from the official media and social media. On the one hand, the perceived increase in the risk of being attacked in the street and in public exacerbated their stress and anxiety, but, on the other hand, this also enabled the organization of collective reactions and new forms of denunciation (Wang & Madrisotti, 2021).

5 Normalization of the Covid-19 Pandemic (June 2020–December 2021)

The first period, which we defined as a time of discovery and emergency (until June 2020), was characterized by two factors. First, the coronavirus was unknown, and scientists did not have any precise information about its severity and infectiousness. Second, the vast majority of countries (including France), which had not experienced an epidemic in many decades, did not have health and safety responses prepared. Moreover, because the outbreak

of Covid-19 became a global pandemic, public policy and health-care services came under great pressure to contain the spread of infection. For these reasons, the political and health-care systems constantly had to adapt to changes in the patterns of viral spread. This first period was also socially marked by the racial inflection in discussions about the virus and by associating the virus with Chinese (or, more broadly, Asian) people, an association that fueled racism against Asians outside Asia.

The scientific community gradually established a consensus about the nature of the virus, its level of danger, and the measures needed to limit and stop its spread. The French population in general and the Chinese population in France in particular have become familiar with Covid-19, and the lockdowns, reduced mobility, and the adoption of daily protective practices developed to deal with it have become normalized. The Chinese population in France, which can access many information sources, can also put the messages conveyed by the Chinese media on the danger of the virus into perspective. As Zhe indicated, more precise knowledge of the disease and access to data enable nonnaturalized migrants in particular to assess the dangers in context. In the same way, Dr. Na, a thirty-five-year-old nonnaturalized migrant, described the change in attitudes by patients of Chinese origin infected with Covid-19, speaking from the hospital where she works:

There was a big difference between this time [October 2020–December 2020] and the first time [March–May 2020]. This time, when patients called, they were very calm, and they said, “Oh, I got a positive test, what should I do?” In contrast, during the first period, people were very worried, and they said, “What should I do? I’m positive! What should I do? What should I do?” And then all of a sudden, it felt as if they were falling into an abyss. But now it seems that everyone is more at peace with themselves. ... The first time, people were still very stressed about this psychological pressure, especially those diagnosed with Covid-19. They don’t know whether the disease is serious, because many people on TV have different opinions, and different experts say different things. In fact, many patients have no idea. Well, this time, we all know that 85 percent or more of patients have mild disease, so they can actually recover on their own. ... The first time, people may have been more psychologically stressed, because they did not know what was going on. So when you have experience, you might feel less psychological pressure, but it is still clear that, on the one hand, they feel less psychological pressure, which is good, but, on the other hand, people might be less vigilant.

INTERVIEW CONDUCTED IN CHINESE, OCTOBER 2020

Fear of the virus and contamination in the first period of the pandemic, which (as we have seen) could turn into panic, seems to have diminished in the second period. In addition, the end of the health crisis could be anticipated after the creation and production of vaccines on a global scale. Moreover, because of the spread of the pandemic to a global scale, the virus is decreasingly associated with real or supposed Chinese/Asian people. Thus the racism associated with Covid-19 has abated and occupies less media space than during the first period of the pandemic.

Despite being “normalized,” the pandemic is still ongoing and continues to affect the daily lives and mental health of individuals with new factors that increase stress and anxiety. Among people of Chinese origin in France, those living in precarious conditions were the most affected (see Chapter 8). Students suffered from chaotic schooling conditions, with courses held both in person and online. This was of special concern for nonnaturalized migrant students, who had to reconsider their migratory and professional paths. Indeed, some students believed that online instruction, as well as the loss of contact with teachers and other students, reduced the value of their degrees. In addition, these study conditions, coupled with the economic difficulties at many companies, make it difficult to obtain an internship and enter the workforce. This was particularly frustrating and distressing for students who had made great personal and family investments in their studies in France (see Chapter 7). For example, Tong, who was a twenty-five-year-old master’s-degree candidate at Aix Marseille University, completed his studies during the pandemic and was looking for an internship. He described his anxiety with regard to the future as follows:

I feel some pressure about finding an internship: I would like to do work-study training in Paris next year. ... I’m very anxious about it, mainly because of the uncertainty of life. ... I’m more scared about the future than the virus. At least I’m still young [the virus is less dangerous for young people], but I’m not like French people either, as they go out to see everyone without caring about Covid-19. ... It would be less stressful to find [such a program], at the end of the lockdown [the third national lockdown, between April and May 2021]; it would be a little bit better, but you can’t say that there is no [pressure] at all.

INTERVIEW CONDUCTED IN CHINESE, APRIL 2021

In addition to stress related to pursuing their studies or starting their professional career, nonnaturalized migrant students also feel anxiety related to solitude. Because of the policies to control the spread of infection imposed by

Chinese authorities, returning to China is extremely complicated. Thus, non-naturalized migrant students could find comfort from family and friends only through online exchanges. The feeling of loneliness and frustration, and thus anxiety resulting from this situation, was amplified in a context in which face-to-face peer relationships in France are severely hampered by lockdowns and measures restricting individual mobility.

Young people who were pursuing a professional career were also highly exposed to the negative effects of the pandemic. They were among those most affected by the economic crisis induced by the pandemic because of the instability of their job conditions. This is true for both descendants and nonnaturalized migrants, as shown by Jim and Mei. Mei was a thirty-year-old nonnaturalized migrant, and during the health crisis, she was looking for an open-ended work contract; finding few options, she began an internship at the Pompidou Center (*Centre national d'art et de culture Georges-Pompidou*). She also became an entrepreneur in order to initiate her own commercial activity. Her boyfriend, Jim, a thirty-one-year-old descendant born in France, works as a salesperson for a large clothing chain. They described their situation as follows:

Mei: I'm currently doing an internship at the Pompidou Center. I'm a bit depressed because it's telecommuting ... and because I was expecting to find a permanent job in France, not an internship ...

Jim: I work face-to-face, but it's true that we have a lot of protocols to follow, such as wiping our hands with sanitizer gel all the time, taking our temperature every morning etc. ...

Mei: I always work at home, it's depressing. ... In November [2020], I started my internship, ... teleworking from home. There are no exchanges with my colleagues, and everyone is teleworking. I don't talk to people ..., I don't know anyone, no one at all. ... [What stresses me] is more the uncertainty [from the fact that] we don't know when this pandemic is going to end; besides, it's rare to find a permanent job at the moment.

Jim: Frankly, the economy is screwed up. ... [At my job], we don't know how we're going to solve this problem. ... It's going to be impossible for us, as we have goals to meet every month ... and economically it's a catastrophe. ...

Mei: In the future, I would like to find an interesting job in cultural activity, but I cannot continue at the Pompidou Center after my internship. I have already [formed an individual company], because, on account of Covid-19, I cannot find any good jobs. ... I have just been rejected by the Palace of Versailles, so I am a little

disappointed. It's a bit complicated because, during the crisis, they don't want to give me a permanent contract.

INTERVIEW CONDUCTED IN CHINESE, JANUARY 2021

For both nonnaturalized migrants and descendants, the stress and anxiety described by our respondents during the period when the Covid-19 pandemic became normalized are less and less related to fear of the disease and experiences with racism. Instead, the people interviewed described their stress and anxiety as increasingly associated with the medium and long-term impacts of the pandemic on their educational, professional, and social lives. By profoundly affecting student life and professional careers, the pandemic forced our respondents to reconsider and reformulate their trajectories: the plans made before the pandemic and in which our respondents had invested their resources and energy were severely disrupted. In addition, isolation and the loss of social ties reinforced stress and anxiety linked to difficulties in school and work.

In that context, the experience of nonnaturalized migrants is characterized by a feeling of isolation that is further reinforced by the fact that travelling to China involves many barriers (see also Chapter 6). Hence, the need to reconsider “pre-pandemic” plans and social isolation only add to the difficulties and constraints of daily life and thereby the anxiety from their inability to return home and to see family and friends. Consequently, these people are doubly hindered. Their plans in France are slowed down or hampered, yet they cannot envisage returning to China. In fact, returning to China under these circumstances might mean definitively abandoning the plans begun in France that were not yet completed. So, they find themselves in a precarious situation economically, socially, and emotionally.

Beyond the dimensions directly related to personal life (studies, work, travel constraints, etc.) that can generate stress among the respondents, some interviewees—often those who are the most reflective—mention stress and anxiety related to collective, political, and social life, that is, to the future.

Nicolas (descendant, student at a *grand école* for engineers): I see the world as more uncertain than ever. I am afraid of the rise in nationalism in France, as we see in the US, as well as in China.¹

INTERVIEW CONDUCTED IN FRENCH, OCTOBER 2020

¹ *grandes écoles* (elite French institutions) are somewhat separate from the national education system and recruits its students through a competitive examination).

Mr. Bao (retired businessman, nonnaturalized migrant): I am retired, but I am still helping my young daughter, who has taken over the family business. We live in the suburbs, in a house with a large backyard, where for years I have been keeping bees. My life during the pandemic has been rather quiet. My only concerns are linked to the geopolitical stakes between China and France and, more broadly, between China and Western countries.

INTERVIEW CONDUCTED IN CHINESE, JULY 2020

6 Conclusion

In our study, we examine how the Covid-19 pandemic negatively affected the mental health of people of Chinese origin in France. In particular, we study the effects of the pandemic on personal feelings of anxiety and stress in different periods and among different groups. We show that during the first period of the pandemic, specifically between January and the end of February 2020, nonnaturalized migrants had a higher level of stress and anxiety than descendants. Indeed, in January 2020, the nonnaturalized migrants were extremely anxious about the evolution of the disease in China. We also observed an increase in the feelings of anxiety and stress in all groups from the end of February until mid-March 2020, with a more significant increase among the descendants. This is because many of them did not expect the epidemic to spread worldwide and felt safe in France. In contrast, when public health began to sharply deteriorate in France, their stress level rapidly increased, reaching the same level as that of the nonnaturalized migrants.

We also found that, among all the groups studied, the level of stress and anxiety remained steady and then decreased slightly during and after the end of the first national lockdown but still remained higher than in the January–February 2020 period. An important difference between the groups is linked to the factors that triggered the feelings of stress and anxiety. Among nonnaturalized migrants, the feeling of anxiety is linked mainly to fear of Covid-19 and infection and, to a lesser extent, to experiences with racism against Asians, but among descendants, the feeling of anxiety seems to be related mainly to experiences with racism. This differential impact of fear of the virus between nonnaturalized migrants and descendants seems to be related to a difference in their perception of the danger from the virus. Furthermore, this difference is linked in particular to the way in which Covid-19 was portrayed by Chinese authorities and media, on the one hand, and French authorities and media, on the other.

During the second period, “normalization of the Covid-19 pandemic” (since June 2020), the effects on stress and anxiety of fear of the virus and of experiences with racism seemed to diminish. However, new factors creating anxiety emerged and affect the most precarious populations in particular. Isolation, difficulties with their education, problems in getting a job, and economic uncertainty seem to be the personal factors that contributed the most to the decline in our respondents’ mental well-being. These difficulties are exacerbated by the fact that the end of the pandemic remains extremely uncertain. Anxiety is further amplified by the difficulty in returning to China because of barriers erected by the Chinese authorities, and a few interviewees mention the stress and anxiety related to collective, political, and social life, looking to the future.

In a nutshell, this study contributes to the literature describing the impact of the pandemic on the psychological well-being of Chinese people in France, offering an empirical demonstration of how human psychology and well-being are profoundly embedded in social and political issues.

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