



Letter to Editor

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COVID-19 and Stigmatisation Processes

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Abstract

In this Letter to Editor, we put forth a reflection on the stigmatisation processes shaped by the COVID-19 pandemic.

Keywords: COVID-19, contagion, inequalities, stigma, disease, sickness, illness.

The COVID-19 disease is caused by the novel coronavirus SARS-Cov-2 (Severe Acute Respiratory Syndrome Coronavirus 2), causing severe respiratory problems in humans. The virus is transmitted via the respiratory tract (mouth and/or nose) from an infected individual, or through touch contamination and then taken to the respiratory tract (The BASE Medicine Task Force, 2020; Turner-Musa, Ajayi, & Kemp, 2020; Prosen, 2020; Logie, 2020; Sá & Serpa, 2020a).

This situation entails profound changes and impacts (Sá & Serpa, 2020b; Roelen, Ackley, Boyce, Farina, & Ripoll, 2020) with several measures put in place, namely (i) social distance (better to say, physical distance) between people; (ii) isolation of symptomatic individuals; (iii) quarantines or prophylactic prevention for individuals deemed at risk of being infected; (iv) use of a mask whenever it is not possible to maintain the physical distance between individuals; (v) monitoring and contingency plans in all official and private entities; and (vi) preparing health professionals and hospitals to focus on the reception and treatment of COVID-19 patients.

Any disease is, simultaneously, a biological and a nosological phenomenon, as defined above, but also a socially constructed phenomenon. In this context, the analytical category “social construction of the disease” has a strong heuristic potential, inasmuch that

[...] it allows drawing the picture of the social reality of diseases in precise historical-social contexts: the set of diseases that typify each society at a given moment; their social distribution; the historical outline of the diseases that precede the current situation; the changes produced in their qualitative statute; the change in the systems of social valorisation of diseases; the diversity of their social uses. On the other hand, it allows determining the elements that structure the patient's social identity (social construction

of the patient's statute): the patient's social relationship with the disease (perception, representation and subjective and objective experiences of the disease); levels of discrepancy between the "patient's disease" and the "physician's disease": possibilities of affirming the patient's perspective (set of ideas about the patient's condition, which are autonomous regarding the medical thinking) (Carapineiro, 1986, p. 10-11).

Thus, the analysis of both the representations and the practices concerning any disease is also shaped by the culture and the interactions between individuals, which may not be entirely coincident with the medical definition of the disease, which can lead to certain attitudes and practices in health care (Turner-Musa et al., 2020). As Herzlich (1991) sustains,

The patient is neither fundamentally passive nor fully active; neither entirely docile and confident nor totally revolted. Knowing the need for the professional but very far from blindly trusting him or her, convinced of his or her benefits and shortcomings, the patient almost always reconciles, is cunning and sometimes even negotiates (p. 248).

Following (Goffman, 1988), the social interaction process is the way individuals can defend and preserve their identity, through the construction and manipulation of information according to the expectations about it through the development of a strategy.

Goffman's classic 1963 study, *Stigma*, with its high heuristic potential (Serpa & Ferreira, 2020), provides one of the most notable studies on stigma manipulation, defined as the situation of the individual who is unable for full social acceptance (Goffman, 1988). The stigma situation is characterised by Goffman (1988) as follows:

[...] an individual who could have been easily received in the daily social relationship has a trait that can be imposed on attention and alienate those that he meets, destroying the possibility of attention to other features he has. He has a stigma, a characteristic different from that which we had predicted (p. 14).

For any new disease that emerges at a certain historical moment, and which, due to its novelty, is perceived by people as mysterious, of obscure origin and still without effective therapies to fight it, "[...] social mythologies develop an ideological work to recover the phenomenon in the social framework of its collective existence, ascribing it meanings that individualise it and provide it with social characterisation" (Carapineiro, 1986, p. 15).

According to Chopra and Arora (2020), stigma has serious consequences, namely the increased feeling of fear, anger and intolerance towards the Other. Individuals who suffer from stigma are more likely to resist seeking treatment, which leads to a delay in treatment and a consequent increase in morbidity and mortality. On the other hand, these individuals also experience worse psychological well-being and may be the target of harassment, violence or intimidation, low quality of life and disability, in addition to an increase in the socioeconomic burden and feelings of shame and doubt.

For example, and specifically about populations at risk of having the COVID-19 disease, Turner-Musa et al. (2020) maintain that "strongly held religious beliefs that God will protect them from disease may result in limited testing and non-compliance with social distancing as a mitigation strategy" (p. 4).

Specifically regarding the COVID-19 pandemic, it generates stigmatisation (Prosen, 2020; Logie, 2020; Abdelhafiz & Alorabi, 2020; Ransing et al., 2020; Badrfam & Zandifar, 2020; Peprah & Gyasi, 2020; Chopra & Arora, 2020; Imran et al., 2020; Roelen et al., 2020; Pulla, 2020; Ramaci, Barattucci, Ledda, & Rapisarda, 2020). According to Peprah and Gyasi (2020), "Growing evidence suggests that stigma associated with COVID-19 is a major source of mental distress such as stress, anxiety and depression among the frontline health workers, and affected individuals with serious implication for their well-being" (p. 1). Prosen (2020) offers some examples of this stigmatisation: the designation of "Wuhan/Chinese virus", despite the neutral medical terminology, which may potentially generate the ascription of fault or error to the Chinese population for the emergence of this disease; or, also, a certain rejection and social withdrawal of people directly linked to this disease, such as healthcare

professionals who are directly in the frontline, or the patients themselves, besides the logical and rational fear of the possibility of being infected.

In summary, stigma may have the following consequences on the behaviour of individuals who are subject to it: “Drive people to hide the illness to avoid discrimination; Prevent people from seeking health care immediately; Discourage them from adopting healthy behaviours” (WHO, 2020, p. 1).

With a multiplicity of social causes (Badrfam & Zandifar, 2020; Prosen, 2020; Roelen et al., 2020), how to mitigate these stigmatisation processes?

According to Prosen (2020), there is the need, from the outset, to understand the subjective meanings and the experiences that individuals ascribe to the disease to be able to understand its social course. For that, it is necessary to analyse the social and cultural values that are at the base of the construction of the social perception of the disease.

In general, establishing successful communication about the COVID-19 infection is critical (Prosen, 2020; Peprah & Gyasi, 2020; Huda, Islam, Qureshi, Pillai, & Hossain, 2020), in the context of articulation between several collective actors (Abdelhafiz & Alorabi, 2020; Singh & Subedi, 2020), with several possible and necessary options to take (Hargreaves & Logie, 2020; Taylor, Landry, Rachor, Paluszek, & Asmundson, 2020). Table 1 offers an example of this type of measures and actions to fight the stigma caused by COVID-19, mobilising the recommendations of Abdelhafiz and Alorabi (2020) for the specific Egyptian context.

Table 1. Recommendations to fight the COVID-19 stigma

Media platforms	Increase awareness without increasing fear; warn from negative behaviours and support stigmatised groups; data and information should be carefully selected.
Individuals	Individuals should minimise exposure to news about COVID-19.
Healthcare workers	Getting support from family, colleagues, and managers can help healthcare workers overcome these feelings.
Social influencers	Should have a role through communicating messages that can help reduce stigma.
Workplace	Employers should follow general measures for creating a healthy workplace.

Source: Adapted from Abdelhafiz & Alorabi (2020, pp. 2-3).

Conclusion

Epidemics and contagions have different effects on societies, namely on beliefs, institutions, and social, demographic, economic and political structures. Following Ferreira and Serpa (2020),

The articulation between impurity, purification and interdiction of contact due to the belief in contagion shapes the symbolic management of internal and external dangers, imposing the avoidance of any physical and social approach with patients and other individuals perceived as dangerous in a given community. These behaviours reinforce prejudices and foster stigmatisation processes” (pp. 11-12).

The stigma caused by COVID-19 has profound implications in numerous dimensions, namely (i) the reinforcement of stereotypes and pre-existing ideas (Chopra & Arora, 2020); and (ii) the existence of rumours (Huda et al., 2020; Chopra & Arora, 2020), which hinders collaboration in controlling the disease (testing, maintaining isolation or prophylactic quarantine,...) (Huda et al., 2020; Imran et al., 2020; Tomczyk, Rahn, & Schmidt, 2020; Roelen et al., 2020; Adja, Golinelli, Lenzi, Fantini, & Wu, 2020).

The role of the scientific community is also highly relevant (Chopra & Arora, 2020). Interdisciplinarity between Sciences (Natural and Social) is pivotal for this process to be successful (Serpa, Ferreira, & Santos, 2017; Ferreira, Sá, Martins, & Serpa, 2020), inasmuch that any pandemic, as a complex process, needs to be analysed transversely in a complementary way, for which the contribution of Social Sciences is also critical, by highlighting the relationship between the social conditions of existence and the shaping of social representations, in the specific case under analysis,

about COVID-19 (Ferreira et al., 2020).

In summary, “Stigmatisation may not only impede opportunities to reduce the spread of infection but may inadvertently increase disease transmission and mortality from it” (Turner-Musa et al., 2020, p. 4). The stigmatisation processes influence, often profoundly, the success of strategies of mitigation, or even control and prevention, of COVID-19, reinforcing, at the same time, social inequalities (Logie, 2020; Peparah & Gyasi, 2020; Prosen, 2020; Roelen et al., 2020).

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