Stigma: The Overlooked Side of COVID-19

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Abstract

Coronavirus disease 2019 (COVID-19), a new viral illness that is part of the same family as the severe acute respiratory syndrome (SARS) coronavirus, has globally infected millions of people. The COVID-19 pandemic has created fear and anxiety within society and resulted in detrimental impacts such as social stigma toward certain groups. These groups include individuals who have contracted the virus, individuals of certain backgrounds, those associated with COVID-19 patients and healthcare providers. It is important to understand the process of stigma to develop more effective interventions; this can include utilizing a psychoeducational and behavioural modification approach to ease disease transmission and patient suffering. Globally, a collective effort needs to be made to increase education, improve the knowledge and attitudes related to COVID-19 and aid in the reduction of social stigma. Local and national teamwork and communication is important to work efficiently; transparency is key to alleviate fears and reduce stigma and discrimination by addressing general and specific concerns about COVID-19. Understanding stigma in the context of COVID-19 is essential to increase awareness of its negative consequences and to recognize that education can improve health care and outcomes for this disease.

Coronavirus Disease 2019 (COVID-19) and Stigma

Coronavirus disease 2019 (COVID-19), a new viral illness caused by severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2) infection, has globally affected millions of people [1]. The virus can be transmitted through airborne particles via coughing and sneezing, touching surfaces with viral contamination or close contact with an infected individual [4]. Research is being conducted on the origins of the virus; some believe that the virus originated in Wuhan, China, as a result of the first known case being reported in Wuhan [5]. To this date, the search for concrete evidence on COVID-19 and its origin is ongoing. Determinants such as access to healthcare, economic security, neighbourhood and housing conditions, and availability of resources can make certain individuals more vulnerable to the virus. COVID-19 has created fear and anxiety within society and has resulted in negative consequences such as social stigma toward certain groups, including infected individuals, individuals of specific nationalities, those in contact with COVID-19 patients and healthcare providers. When an association is developed with COVID-19 and a nationality, group or person, stigma can occur. Stigmatized individuals can then show signs of social avoidance and avoidance to health care. For example, many individuals living with mental illness recognize the associated stigma and discrimination, and thus develop this fear of being labelled negatively, leading to distrust in the healthcare system. It is important to understand the process of stigma for its reduction, to develop more effective interventions and improved health care, and thus reduce disease transmission and patient suffering [2]. To understand how education can improve health care and outcomes for COVID-19 and to increase awareness of the negative consequences of stigma, it is crucial to understand stigma in the context of COVID-19.

History of Stigma

The term "stigmatization" specifies negative connotations. Stigma originates from the Greek word stigmata, which is defined as a mark of shame [6]. In Ancient Greece, stigma originally represented a brand to mark slaves or criminals [7]. Goffman defines stigma as a discrediting trait that reduces someone from society's definition of "a whole and usual person" to a "tainted, discounted one" [21]. Essentially, negative views are attributed to a person with characteristics perceived

as being different from societal norms [8]. The process of stigma involves labelling, separation, stereotype awareness, stereotype endorsement, prejudice, and discrimination [6]. A definition of stigma has not been agreed upon, and so Link and Phelan put forward their classification of the stigma process, where stigma exists when certain elements that are connected unite [9]. First, human differences are recognized and labelled. Secondly, the labelled individuals are associated to negative stereotypes by dominant cultural beliefs. Thirdly, a separation of 'us' versus 'them' is created by placing the labelled individuals into distinctive groups. Fourthly, status loss and discrimination experienced by the labelled individuals lead to unfair consequences [9]. This process then results in societal disapproval, rejection, exclusion and discrimination, and can be harmful to an individual's overall welfare and recovery, as they may face many barriers that directly stem from stigma [10]. This can have varying impacts on the person's well-being, causing challenges to their support system, employment, mental health treatment etc. [6]. Researchers Pryor and Reeder built on previous theories and formulated a conceptual model illustrating four connected indicators of stigma: social stigma, self-stigma, stigma by association and structural stigma [11].

Social (Public) Stigma

Social stigma is defined as negative or excluding behaviours exhibited by the public towards a person or group of people who share certain characteristics, creating barriers for these individuals. These discriminatory attitudes are driven by false views set in place by the public [12]. Such stigma within the social framework results in inequality in access to basic and essential services. Social psychologists identify three models of public/social stigmatization: socio-cultural, motivational, and social cognitive models. The socio-cultural model suggests that stigma is developed to justify social stereotypes, prejudices, and discrimination, which give way for the public to identify and label people with illnesses as being unequal. On the other hand, the motivational model focuses on the basic psychological needs of people. For example, research suggests individuals living with mental illnesses are generally in lower socioeconomic groups, and this can lead to being labelled aslower in standard. Lastly, the social cognitive model stems off a cognitive framework for the society, so that an individual with an illness would be labelled in a category different from those that are not ill [13]. Research has found that increased apparent social stigma prevents individuals from recognizing the importance of seeking assistance or being committed to their current treatment plans [14]. Moreover, increased apparent social stigma has been linked with an increase in individuals who attempt to self-treat an illness. This prevents the individual from having a secure social support system, thus hindering recovery [15]. COVID-19 can cause individuals to feel socially stigmatized due to fear of judgement from the public, leading to avoidance of virus test centers. It is crucial to reduce the levels of public discrimination as it can ease the perceived stigma, thereby allowing stigmatized individuals to come into acceptance of their diagnosis and seek medical treatment [16].

Self-Stigma

Crocker established that stigma is not only present in society, but it can also be internalized by the stigmatized individual [13]. Self-stigma occurs when individuals are aware that stigma is present within the society, and thereby associate these discriminatory stereotypes to themselves, even if the individual has not been directly stigmatized [8]. This results in detrimental effects on a person's self-esteem and self-efficacy, possibly resulting in them giving up on various aspects of life [17]. This phenomenon was termed the "why try" effect that states that as one accepts the self-sigma, it directly translates into feelings of helplessness, hopelessness and lower quality of life [18]. The idea of self-stigma was further explored in modified labelling theory, stating that the expectation of becoming stigmatized and being stigmatized are factors that influence the psychosocial well-being of an individual [19]. Specifically, it is the fear of being labelled that causes an individual to feel stigmatized, provoking an emotional response (e.g., embarrassment, anger or isolation). When self-stigma is present, people tend to feel ashamed and guilty, their confidence and motivation are lost, avoidance tactics are used, and individuals start to withdraw from themselves. Self-stigma is usually developed through three stages, with the first stage being the awareness stage in which individuals become aware of the discriminatory behaviour towards them. Next is the agreement stage, where individuals begin to accept that the negative stereotypes directed at them are true.

The last stage is the application stage, in which individuals begin to apply the negative beliefs on themselves, leading to behavioural change [18]. Individuals infected with COVID-19 can be hesitant in disclosing screening results out of fear of blame from recognizing the stigma and discrimination seen through media and other platforms; this may result in self-stigma and diminished self-worth. According to Corrigan et al., it is vital to challenge self-stigma at the agreement stage, prior to the adoption of unhealthy behaviours and a change in personal identity [19,20]. When an individual does not internalize the negative stereotypes surrounding them, neither their self-worth nor their quality of life will diminish. This will allow stigmatized individuals to feel empowered to fight against stigma.

Stigma by Association

Research suggests that individuals associated with stigmatized individuals can be stigmatized simply because they are connected or related to that individual [23]. This process of stigma is coined as "courtesy stigma" or "associated stigma" [21,22]. Due to stigma by association, family members of the stigmatized individual may experience many everyday struggles, including financial problems, time-consuming activities, missed career opportunities and family quarrels, creating family burden. Family burden and stigma by association together can be key causes of psychological distress and reduced quality of life of family members. Stigma by association also affects how those associated with a stigmatized individual view them, thereby negatively impacting their relationships [23]. Individuals living with and taking care of family members who have tested positive for the virus can feel discriminated against due to avoidance and fear from others. Stigma by association and family burden not only affects the quality of life of family members but also loops back and affects the well-being of those stigmatized individuals.

Structural Stigma

The stigma construct was only recently expanded beyond the individual (self-stigma) and interpersonal (social stigma) levels, to include larger macro-social forms of stigma [24]. Link and Phelan were among the first to distinguish between individual or self-stigma and structural stigma [9]. Structural stigma is formed through policies of larger entities or institutions (e.g., companies, schools, healthcare systems), which place restrictions on the opportunities of stigmatized individuals [19]. During the COVID-19 pandemic, travel restrictions to and from certain countries have been imposed, which has led to increased panic and stigma towards the residents of those places.

Cases of Stigma During COVID-19

Stigmatized individuals may not partake in strategies to mitigate the disease due to the fear of further being stigmatized: these strategies include COVID-19 testing, following mask mandates and social distancing recommendations [4]. In Africa, preventative measures such as being tested and wearing a mask have led to individuals being ostracized and bullied [25]. Healthcare workers in Africa are also experiencing stigma due to being associated with treating COVID-19 cases [26]. For individuals with Asian descent, there has been an increase in hate crimes. Media has shown evidence of COVID-19-related threats, attacks, bullying, derogatory language and hate speech [27]. Preventative strategies, such as wearing a mask or covering of face, have caused fear of racial profiling and harassment of Black American men by law enforcement [25]. Since there is still ambiguity surrounding COVID-19, there has been fear in communities and stigma that has caused discrimination and attacks against defenceless individuals. Infected individuals as well as those in close contact have been criticized and even likened to criminals. Media reports have shown evidence of health care workers being assaulted and shunned due to fear that they can contract the virus [28]. Due to this stigma, not only can the spread of the virus increase when individuals refuse to be tested in fear that they may contract the virus from healthcare workers, but there can also be an increase in mortality rate from both the assaults against healthcare workers as well as untreated COVID-19 patients. When individuals infected with COVID-19 feel alone and afraid to seek help and/or get tested, they can suffer with both the physical illness itself as well as internalized negative thoughts, which can ultimately be fatal. There can be a delay in the detection of infectious individuals when stigmatized individuals fear testing positive for the virus and instead isolate themselves to avoid blame, discrimination and being ostracized. This can delay diagnosis in which time the infection can turn severe [29].

Conquering Stigma

In the mid-1950s, even with significant theoretical literature, anti-stigma interventions did not receive much attention in the research field; this did not change until almost half a century later [30]. Altering the deeply rooted, stigmatizing attitudes and behaviours of society continues to be a long-term and challenging task. To our knowledge, most anti-stigma programs that exist to this day focus on the public aspect of stigma, but what is critical in the recovery of stigmatized individuals is the overcoming of self-stigma. Individuals should not only be educated on how to conquer social stigma but should be given the tools to overcome the self-stigma that has been bestowed upon themselves. Psychoeducation involves providing diagnosed illness information to patients and can help promote a union where the patient becomes an active collaborator in treatment. The goal is to improve a patient's illness management skills through mutual disclosure of relevant information [31]. Psychoeducational programs can offer coping strategies, symptom management, suicide prevention, improvement in social function, work opportunities and improvement of quality of life [32]. These strategies are important for those with an illness in reducing stigma while in a group setting, where individuals can develop rapport to practice new skills through new knowledge and self/public disclosure. Individuals who have been associated to COVID-19, whether that be through family members or being infected themselves, should take part in treatment to feel empowered by knowledge surrounding the virus and help others with this information. Behavioural modification therapy involves changing undesirable behaviours into desirable ones by providing the necessary tools. Overtime, self-stigma can be eradicated with these tools being put into practice, opening a path to recovery that may have been invisible before. COVID-19 patients, with these tools, will feel empowered to recover and learn to cope with and overcome the stigma surrounding them. An opportunity for those suffering from stigma to develop coping strategies and move towards recovery can be provided through a stigma course that adopts a group psychoeducational and behavioural modification approach to stigma management. The general population will also need to be educated to improve the knowledge and attitudes related to COVID-19 and aid in the reduction of social stigma. Media has played an enormous role in the COVID-19 stigma towards certain groups of individuals, and so local and national teamwork and communication is important to work efficiently. Transparency is key to alleviate fears and reduce stigma and discrimination by addressing general and specific concerns about COVID-19 [3].

Conclusion

Stigma can create detrimental barriers not only for the stigmatized individuals, but also globally in eradicating the virus. These discriminatory attitudes are causing inequality in access to basic and essential services and can be very harmful to an individual's recovery. It is important to understand stigma to develop effective interventions to mitigate disease transmission. Anti-stigma interventions and educational programs will need to be put into action to initiate recovery of both individuals affected and populations globally. It is crucial that future research avenues include the assessment of stigma experiences of those who have survived COVID-19, as well as commencement and evaluation of pilot studies of anti-stigma interventions to determine efficacy. Whether it be social stigma, self-stigma, stigma by association or structural stigma, all facets are impacting individuals during the COVID-19 pandemic and mitigating this impact of stigma is critical in strengthening our community for unity and survival during this unprecedented time.

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