

Mironava K.¹ Lipai T. P.²**THE COVID-19 IMPLICATIONS: THE ROLE OF STRESS AND STIGMATIZATION**¹LVR-Klinik Bedburg-Hau Abteilung für Erwachsenenpsychiatrie I Stationsärztin, Bedburg-Hau, Deutschland;²Minsk City Institute for the Development of Education, Minsk, Republic of Belarus

At all levels of society, almost polarizing attitudes towards coronavirus are manifested, ranging from panic and empty store shelves to complete denying the existence of coronavirus problem. The wave of coronavirus parties and as well as demonstrations against restrictive measures related to infection swept the world. In addition, protests against arrivals from COVID risk areas are known. Stigma and fear can severely impede efforts to manage the spread of COVID outbreak. The predisposing factors in development of COVID stigma are lack of knowledge, rapid virus spreading, relatively higher mortality and absence of effective treatment. Meanwhile, at the level of society, particular processes are taking place, when not only infected ones, but also healthy members of society become subject to stigmatization, that can be determined as “probably” infected. The article supplements information to improve actual knowledge among specialists concerning various approaches and methods of preventing mental disorders due to stress epidemiological situation in the world.

Ключевые слова: COVID-19; panic; stress; fear; depression; mental health; stigma; stigmatization.

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Introduction

At all levels of society, we see almost polarizing attitudes towards the virus, ranging from panic and emptying store shelves to completely denying the existence of the coronavirus problem. A wave of corona parties, as well as protest demonstrations against restrictive measures related to infection swept the world. In addition, protests against arrivals coming from a covid-risk area were known.

After previous epidemics, the “scars” of epidemics remain in the social memory in the form of such phraseological units as “plague-stricken”, “lepra-stricken”. The current COVID pandemic is likely to leave a similar mark [1; 2].

Stigma and fear can severely impede efforts to manage the spread of COVID outbreak.

The predisposing factors in the development of COVID stigma are lack of knowledge, rapid spread of the virus, relatively high mortality, and lack of effective treatment.

The main impetus of stigma is fear.

Materials and methods

Review and meta-analysis, articles that have focused on stress among the general population during the COVID-19 pandemic Results.

Results

If we consider COVID-19 as a stigmatizing factor, then initially the society made an attempt to delimit itself from everything related to the virus. Thus, attempts to associate the virus with a certain nation “Chinese virus”, or with a specific place “Wuhan”, where the virus was initially detected; also, the search for a “patient ze-

ro” and “super-spreader” theory. Of course, all these statements are a product of fear and an attempt to protect oneself from the outgoing threat.

In addition, hypotheses were considered that certain regions and nations are more predisposed to COVID-19, and, potentially, these nations have a genetic predisposition or greater sensitivity to the virus.

The consequences of the social stigma are fear, depression, anxiety, avoidance behavior (in the case with COVID-19, hiding the symptoms of the disease, refusing to be tested or taking prescribed therapy), anosognosia or denial of the disease, or aggression.

COVID-19 pandemic is having a significant impact on mental health.

Discussion

Stigma is an ancient Greek term that defines a sign or mark, carved or burnt on a human body, indicating a person’s moral defect, that he is a slave or a criminal. [3].

Gofman proposed to distinguish several types of stigma:

1) stigma associated with a physical defect, deformation;

2) stigma associated with an individual defect that occurs, for example, as a result of a mental illness, alcoholism, imprisonment, drug addiction, his low social status, in particular, associated with unemployment);

3) stigma associated with generic stigma (this is a defect determined by the belonging of an individual to a particular race, nationality or religion, and this applies to all members of each of these categories).

The process of stigmatization occurs when the society is divided into “we” and “they” (usually a minority

COVID-19

endowed with negative characteristics), and the bearers of the “label” are fundamentally different from us. Moreover, the ability to differentiate between “us” and “them” often stems from the nature of the “labels” themselves [4].

For the formation of a social stigma, it is first of all necessary to have a negative attitude of one social group (“we”) to another with the manifestation of condemnation and discrimination towards this group.

Referring to the evolutionary theory of stigma, the goal of social avoidance as a form of social behavior is to respond to an increased risk of being contaminated with the particular infection [5]. The most common signal for activating the disease prevention system can be obvious signs of illness (cough, fever, rash). Lack of recognition of symptoms from the evolutionary point of view can threaten the adaptation and survival of the species. With regards to COVID, when a person, lacking clinical symptoms of the disease, can spread the infection, the problem of detecting a signal arises. When the body is facing an assessment of the potential risks of the disease, it can make a mistake by sending a false alarm (a healthy person is mistakenly perceived as a sick person) or a false reject (a sick person is mistakenly perceived as healthy), which is reflected in the theory of error management [6].

In this situation, the boundaries between “we” and “they” are blurred, it becomes almost impossible to distinguish between the stigmatized and stigmatizing person, since each stigmatizing person has an equally high risk of getting sick. Meanwhile, at the level of society, particular processes are taking place, when not only infected, but also healthy members of society become subject to stigmatization, who can be determined as “probably” infected.

The theory of avoidance of diseases as a functional basis of stigmatization was offered, since stigma are characterized by social and physical avoidance of a person by other people, which eventually leads to various forms of isolation. Many forms of stigma are considered to reflect the activation of this disease prevention system, which tends to respond to visible signs and labels associated with disease, regardless of their accuracy [7].

Some authors consider the indirect influence of stigmatization on the healthy part of society (spillover effect), characterized by an increase in stress, depressive and mental disorders in the whole society [8; 9].

At all levels of society, we see almost polarizing attitudes towards the virus, ranging from panic and emptying store shelves to completely denying the existence of the coronavirus problem. A wave of corona parties, as well as protest demonstrations against restrictive measures related to infection swept the world. In addition, protests against arrivals coming from a covid-risk area were known.

As in many cases, the source of COVID-19 cannot be easily traced, and social stigma may arise toward people who have the most contact with patients [10].

Thus, nurses, doctors, and health care providers as a whole, may be perceived by other people as “unsafe” be-

cause of their job, and thereby become victims of avoidance behaviors [11].

If we refer to the history of epidemics, we can see that as the etiology of the disease becomes clearer, and effective treatment develop, the social stigma decline. This was the case with plague, cholera, and syphilis [12].

Some categories of health problem covered by the tool are broad-ranging, and within them, vulnerability may vary.

The pandemic has made demands for services, including medical services [13].

In modern civil society, the system of social protection of the population is not only an integral part of it, but is also designed to ensure long-term protection of the population and guarantee citizens the right to a certain level of material income in the event of temporary disability, disability, unemployment, as well as upon reaching retirement age. Today we can say that only the integration and coordination of efforts in the sphere of economic and social policy carried out in the country as a whole, and in its regions in particular, can form an effective system of social protection of the population [14].

Conclusion

Today, humanity continues to struggle with the new an unexpected threat — the coronavirus pandemic. Most the vulnerable and affected group of the population was the elderly. Among them, mortality in various countries reaches 20%. Concerning, strict quarantine measures were introduced for the elderly.

However, self-isolation for this contingent is associated with a change habitual way of life, increased anxiety, aggravation of feelings loneliness, etc. This period is especially difficult for the elderly with mental disorders, in particular with dementia.

COVID-19 not only “causes physical health concerns but also results in a number of psychological disorders. The spread of the new coronavirus can impact the mental health of people in different communities. Thus, it is essential to preserve the mental health of individuals and to develop psychological interventions that can improve the mental health of vulnerable groups during the COVID-19 pandemic” [9].

Optimizing the organizational model of a regular medical checkup are the following: permanent cooperation of a doctor (local general practitioner, GP, family doctor) and a health worker with a secondary medical education (to deal with organizational issues), etc. [15].

ЛИТЕРАТУРА

1. Waxler N. E., Mishler E. Learning to be a leper: a case study in the social construction of illness, Social contexts of health, illness and patient care. Cambridge: Cambridge University Press; 1992. P. 169—92.
2. Crosby A. W. America's forgotten pandemic: the influenza of 1918, 2003. Cambridge Cambridge University Press. Режим доступа: <https://www.cambridge.org/core/books/americas-forgotten-pandemic/2743E3A649CCF1197CA35939F9A5F8A1> (дата обращения 12.12.2020).
3. Goffman I. Stigma: notes on the management of spoiled identity, NY: Simon and Shuster; 1963.

4. Link B., Phelan J. Conceptualizing stigma. *Ann. Rev. Sociol.* 2001;27:363—85. Major B., O'Brien L. T. The social psychology of stigma. *Ann. Rev. Psychol.* 2005;56:393—442. — два источника под одним номером!
5. Kurzban R., Leary M. R. Evolutionary origins of stigmatization: the functions of social exclusion. *Psychol. Bull.* 2001 Mar;127(2):187—208.
6. Haselton M. G., Buss D. M. Error management theory: a new perspective on biases in cross-sex mind reading. *J Pers Soc Psychol.* 2000;78(1):81—91.
7. Tognotti E. Lessons from the History of Quarantine, from Plague to Influenza A. *Emerg. Infect. Dis.* 2013 Feb;19(2):254—259.
8. The Impact of Covid-19 Experiences and Associated Stress on Anxiety, Depression, and Functional Impairment in American Adults. *Cogn. Ther. Res.* 2020;44:1043—51.
9. Salari N., Hosseini-Far A., Jalali R., et al. Prevalence of stress, anxiety, depression among the general population during the COVID-19 pandemic: a systematic review and meta-analysis. *Global Health.* 2020;16:57. Режим доступа: <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00589-w#citeas>. (дата обращения 18.12.2020).
10. Galbraith N., Boyda D., McFeeters D., Hassan T. The mental health of doctors during the covid-19 pandemic. *Brit. J. Psychol. Bull.* 2020 Apr 28:1—4.
11. Cavalera C. COVID-19 Psychological Implications: The Role of Shame and Guilt. *Front Psychol.* 2020. Available at: <https://www.frontiersin.org/articles/10.3389/fpsyg.2020.571828/full>. (accessed 19.12.2020).
12. Lipai T. P. The COVID-19 pandemic: depression, anxiety, stigma and impact on mental health. *Problemy social'noj gigieny, zdravooohraneniya i istorii mediciny.* 2020;28(5):922—7.
13. Ананченкова П. И., Камынина Н. Н. Социально экономические аспекты развития экспорта медицинских услуг. *Проблемы социальной гигиены, здравоохранения и истории медицины.* 2020;28(2):184—9.
14. Волкова О. А., Гребенникова Ю. А. Система социальной защиты населения региона на основе межсекторного социального партнерства: модели взаимодействия. *Вестник Кемеровского государственного университета.* 2015;2—2(62):12—7.
15. Волкова О. А., Смирнова Е. В. Пути совершенствования организации диспансерного наблюдения в столичном здравоохранении. *Проблемы социальной гигиены, здравоохранения и истории медицины.* 2020;28(5 Прил. 2):1094—100.
- patient care. Cambridge: Cambridge University Press; 1992. P. 169—92.
2. Crosby A. W. America's forgotten pandemic: the influenza of 1918, 2003. Cambridge Cambridge University Press. Available at: <https://www.cambridge.org/core/books/americas-forgotten-pandemic/2743E3A649CCF1197CA35939F9A5F8A1> (accessed 12.12.2020).
3. Goffman I. Stigma: notes on the management of spoiled identity, NY: Simon and Shuster; 1963.
4. Link B., Phelan J. Conceptualizing stigma. *Ann. Rev. Sociol.* 2001;27:363—85. Major B., O'Brien L. T. The social psychology of stigma. *Ann. Rev. Psychol.* 2005;56:393—442. — два источника под одним номером!
5. Kurzban R., Leary M. R. Evolutionary origins of stigmatization: the functions of social exclusion. *Psychol. Bull.* 2001 Mar;127(2):187—208.
6. Haselton M. G., Buss D. M. Error management theory: a new perspective on biases in cross-sex mind reading. *J Pers Soc Psychol.* 2000;78(1):81—91.
7. Tognotti E. Lessons from the History of Quarantine, from Plague to Influenza A. *Emerg. Infect. Dis.* 2013 Feb;19(2):254—259.
8. The Impact of Covid-19 Experiences and Associated Stress on Anxiety, Depression, and Functional Impairment in American Adults. *Cogn. Ther. Res.* 2020;44:1043—51.
9. Salari N., Hosseini-Far A., Jalali R., et al. Prevalence of stress, anxiety, depression among the general population during the COVID-19 pandemic: a systematic review and meta-analysis. *Global Health.* 2020;16:57. Available at: <https://globalizationandhealth.biomedcentral.com/articles/10.1186/s12992-020-00589-w#citeas>. (accessed 18.12.2020).
10. Galbraith N., Boyda D., McFeeters D., Hassan T. The mental health of doctors during the covid-19 pandemic. *Brit. J. Psychol. Bull.* 2020 Apr 28:1—4.
11. Cavalera C. COVID-19 Psychological Implications: The Role of Shame and Guilt. *Front Psychol.* 2020. Available at: <https://www.frontiersin.org/articles/10.3389/fpsyg.2020.571828/full>. (accessed 19.12.2020).
12. Lipai T. P. The COVID-19 pandemic: depression, anxiety, stigma and impact on mental health. *Problemy social'noj gigieny, zdravooohraneniya i istorii mediciny.* 2020;28(5):922—7 (in Russian).
13. Ananchenkova P. I., Kamynina N. N. Social'no-jekonomicheskie aspekty razvitija jeksporta medicinskih uslug. *Problemy social'noj gigieny, zdravooohraneniya i istorii mediciny.* 2020;28(2):184—9 (in Russian).
14. Volkova O. A., Grebennikova Ju. A. Sistema social'noj zashhity naselenija regiona na osnove mezhsektornogo social'nogo partnerstva: modeli vzaimodejstvija. *Vestnik Kemerovskogo gosudarstvenno-gosudarstvennogo universiteta.* 2015;2—2(62):12—7 (in Russian).
15. Volkova O. A., Smirnova E. V. Puti sovershenstvovaniya organizacii dispansernogo nabljudeniya v stolichnom zdravooohranenii. *Problemy social'noj gigieny, zdravooohraneniya i istorii mediciny.* 2020;28(5 Suppl. 2):1094—100 (in Russian).

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REFERENCES

1. Waxler N. E., Mishler E. Learning to be a leper: a case study in the social construction of illness, Social contexts of health, illness and