

THE PANDEMIC OF THE NEW CORONAVIRUS (SARS-COV-2) AND ITS REPERCUSSIONS ON STIGMATIZATION AND PREJUDICE

A PANDEMIA DO NOVO CORONAVÍRUS (SARS-COV-2) E SUAS REPERCUSSÕES NA ESTIGMATIZAÇÃO E O PRECONCEITO

LA PANDEMIA DEL NUEVO CORONAVIRUS (SARS-COV-2) Y SUS REPERCUSIONES EN LA ESTIGMATIZACIÓN Y LOS PREJUICIOS

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Objective: to reflect on the scenario of the new Coronavirus regarding stigmatization and prejudice towards infected people. Method: theoretical-philosophical reflection essay. Results: a current and present crisis even in the daily life of health professionals who are on the front line of the production of care with people who have developed COVID-19 and crowded the health units. Panorama that resembles a war, however with invisible and lethal weaponry that emerges in a scenario of deaths, generating fear and anxiety in the entire world population, besides providing social dysfunctions. Conclusion: the discussion about stigmatization refers to the studies of Erving Goffman and the definition of stigma and its repercussion on the identity of the person with distortions and emotional and social impairments, which has influenced the daily lives of people infected by the new coronavirus marked by stigmatization and social prejudice.

Descriptors: Coronavirus Infections. Pandemics. Social Stigma. Fear. Anxiety.

Objetivo: refletir acerca do cenário do novo Coronavírus no que tange à estigmatização e o preconceito para com as pessoas infectadas. Método: ensaio de reflexão teórico-filosófica. Resultados: uma crise atual e presente inclusive no cotidiano dos profissionais de saúde que estão na linha de frente da produção do cuidado junto às pessoas que têm desenvolvido a doença da COVID-19 e lotado as unidades de saúde. Panorama que se assemelha a uma guerra, todavia com armamento invisível e letal que desponta num cenário de mortes, gerando medo e ansiedade em toda a população mundial, além de propiciar disfunções sociais. Conclusão: a discussão sobre a estigmatização remete aos estudos de Erving Goffman e a definição de estigma e sua repercussão na identidade da pessoa com distorções

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e comprometimentos emocional e social, o que tem influenciado o cotidiano de pessoas contaminadas pelo novo coronavírus marcado pela estigmatização e preconceito social.

Descritores: Infecções por Coronavírus. Pandemias. Estigma social. Medo. Ansiedade.

Objetivo: reflexionar sobre el escenario del nuevo Coronavirus con respecto a la estigmatización y los prejuicios hacia las personas infectadas. Método: ensayo teórico-filosófico de reflexión. Resultados: una crisis actual y presente incluso en la vida cotidiana de los profesionales de la salud que están en la línea frontal de la producción de atención con personas que han desarrollado la enfermedad de COVID-19 y han abarrotado las unidades sanitarias. Panorama que se asemeja a una guerra, sin embargo con armamento invisible y letal que emerge en un escenario de muertes, generando miedo y ansiedad en toda la población mundial, además de proporcionar disfunciones sociales. Conclusión: la discusión sobre la estigmatización se refiere a los estudios de Erving Goffman y la definición del estigma y su repercusión en la identidad de la persona con distorsiones y discapacidades emocionales y sociales, lo que ha influido en la vida cotidiana de las personas infectadas por el nuevo coronavirus marcado por la estigmatización y los prejuicios sociales.

Descriptores: Infecciones por Coronavirus. Pandemias. Estigma Social. Miedo. Ansiedad.

Introduction

A simple sneeze provokes reactions ranging from “get over there, you have COVID-19” to physical aggression. Attitudes of disrespect towards others have been shown to be exacerbated and violent, such as a recent case in a Northeastern capital, in which a drug user was assaulted and kicked out from a public transport for sneezing without a mask⁽¹⁾. This is part of the scenario we are living in pandemic times.

The pandemic is not common, but it is part of the human history, being possible to mention the Spanish Flu that struck lives down between 1918 and 1920 upon infecting about 600 million people, a number that represented, at that time, about a quarter of the world population⁽²⁾. This is considered, to date, as the largest and most serious crisis form infectious diseases that affected the world, when, in a short time of less than three years, there were between 20 and 100 million deaths as a result of its severe respiratory complications. This number is higher than the deaths resulting from three wars combined: World War I, Vietnam and Korea Wars⁽³⁾.

At that time, international health authorities faced a great mystery: How did a simple flu cause so much social disorder and deaths? Behold, after a century of this pandemic episode, we are facing a similar, worrying, still

developing scenario marked by uncertainties. As a recent disease, COVID-19 has unknown aspects in relation to its origin, pathophysiology and management. It is known, however, that the new coronavirus (Sars-CoV-2) has a high power of transmissibility, given the spread worldwide in just two months⁽⁴⁾. By the time this essay was being written, beginning of June 2020, more than 7,410,510 cases of COVID-19 were confirmed and more than 418,294 lives were lost worldwide as a result of this disease⁽⁵⁾. In Brazil, these figures reach 850,514 confirmed cases with the number of deaths exceeding 42,000. It is worth mentioning in the national scenario, 379,514 patients recovered, equivalent to 44.59% of the confirmed cases⁽⁶⁾.

As basic and efficient measures to contain the rapid spread of this agent, the practices of “social distancing” of the entire population, in addition to the “isolation of the sick” and the “quarantine” of possible infected, have been highly recommended in all countries of the world. In light of this, people began to modify their entire routine, as well as acquire new habits, especially hygiene, such as the use of respiratory protection masks, use of alcohol gel and frequent hand washing, which has been shown to be effective devices when talking about individual protection.

The present reflection essay emerged from the current pandemic scenario that has plagued the world and changed the daily life of the entire Brazilian society. Among the impacts, it is worth highlighting the reflection on issues related to prejudice and social stigmatization that were remarkable at that time, which directed the writing of this theoretical essay.

Thus, the aim of this essay is to reflect on the scenario of the new Coronavirus regarding stigmatization and prejudice towards infected people.

Method

An essay based on a theoretical-philosophical reflection, based on Erving Goffman's studies on stigma.

Results and Discussion

Everything is very recent: from the beginning of the first news until the writing of this essay, less than six months have passed. There is a moment of relearning of social conformations. The 2019-nCoV, classified as Novel Coronavirus-Infected Pneumonia (NCIP), had its confirmation using bronchial-alveolar washing, which underwent a complete genome sequencing study, using the reverse-transcriptase polymerase chain reaction (RT-PCR) technique in inpatients in Wuhan, capital of central China province. After this analysis, the famous virus was catalogued in the genus *Betacoronavirus*, which also includes SARS-CoV, discovered in humans, bats and other wild animals⁽⁷⁾.

The first confirmed cases in Wuhan city, Central China, had a profile of people with a mean age of 49 years, prevailing males, initially presenting fever and lymphopenia as the main signs, and symptoms, such as dry cough, dyspnea, myalgia and fatigue, evolving to more severe conditions resulting in deaths⁽⁸⁾. With the follow-up of cases, asymptomatic patients and those with a history of less common symptoms, such as mental confusion, headache, conjunctival congestion, rhinorrhea, hemoptysis,

partial (hyposmia) or total (anosmia) loss of smell, sore throat, nausea and vomiting, reduced ability to feel flavors (hypogeusia) or loss of taste (ageusia), chest pain and cases of diarrhea⁽⁹⁾.

This scenario, which seemed distant, arrived in Brazil with very negative results, especially due to the scenario of marked social inequalities in our country and its peculiar characteristic of being a continental country. A respiratory disease with high lethality power without a vaccine, which reinforces fear and anxiety among the population, even with the adoption of preventive measures recommended by the World Health Organization (WHO)⁽¹⁰⁾.

In this context of rapidly increasing number of cases and deaths, as well as the palpable impossibility of envisioning an end of the pandemic, feelings surface in people's hearts: fear and anxiety. The fear that the disease will reach "our" family, the fear of death statistics reaching "us", associated with misinformation and, to worsen matters, the misuse of social media and networks contributing to infodemia (neologism attributed by the WHO to excess information, whether reliable or not, which has hindered the selection of suitable information) and the abominable Fake News⁽¹¹⁾, that have caused social and emotional problems, with exacerbation of fear, anxiety and impotence before the global chaos that COVID-19 has left, especially concerning the scenario of uncertainty.

Based on this problem, it is relevant to reflect on the repercussions inherent to stigmatization and prejudice towards people infected by the new coronavirus. This discussion refers to Goffman's studies and the definition of what stigma⁽¹²⁾ is and its effects on the person's identity⁽¹³⁾ with distortions and emotional and social impairments.

Stigma is a remarkable term in the trajectory of humanity and comes from Ancient Greece. However, only from the 60s of the past century, it became the object of studies and discussions based on researches developed by the Canadian sociologist and anthropologist Erving Goffman, who attributed concepts that

can better understand the stigma, through the understanding that society is a participant in its formation process. In 1963, Goffman published the work "Stigmas: Notes on the Manipulation of Spoiled Identity"⁽¹²⁾.

The concept of stigma is permeated by the idea of the physical presence between the "stigmatized" and the so-called "normal"⁽¹²⁾. In the context we live, these people would be, respectively, those who are infected or maintain contact with someone sick, and those who claim not to carry the new coronavirus, highlighting that many of them imagine themselves immune, influenced by the anti-science movement, marked in postmodernity.

The Greeks, who had knowledge about visual resources, created the term "stigma" to refer to bodily or behavioral signs, and thus to highlight something exceptional or negative about the moral status of those who had such a characteristic. Thus, the theoretician recognizes that society is the one who establishes the means of categorization of people⁽¹²⁾.

In the midst of the individualism that prevails in postmodern society, in which confrontation has been remarkable, stigma has been present, especially in the experienced pandemic moment. In general, there have been few attitudes of empathy and reflection to ponder and recognize that there are other ways to prevent contamination, without hurting others' emotional and social. In addition to the disrespectful and even inhuman actions to which a portion of the population has been exposed, stigmatizing attitudes and prejudices have increased and proliferated before the peculiar exclusionary individualism of capitalist production.

Thus, the problem between the stigmatized and the so-called normal goes through the unawareness of the situation that is being lived, the concept of collectivity and that the virus can reach anyone, even knowing that, according to the reality of each one, the risk of contamination can be enhanced or not. In this scenario, reinvestment in compassion seems to be lacking as a fundamental approach of the human being.

The pandemic and COVID-19 have shown that a healthy person and a healthy world are equivalent and non-antagonistic conditions⁽¹⁴⁾, so there is no room for prejudice, much less to stigmatize people for having contracted the virus; on the contrary, we live in a moment that demands solidarity and an action of compassion and respect, following the appropriate sanitary recommendations in each case.

Resuming Goffman's concepts, it is worth highlighting his understanding that the stigmatized have two identities: one real and one virtual. The first is characterized by the set of divisions and attributes that a person proves to have. Virtual identity, on the other hand, is characterized as a set of divisions and attributes that people have for the stranger that appears before them. Thus, a given characteristic can be considered as a stigma, especially when there is a disharmony between the two social identities, whether the virtual or the real⁽¹²⁾.

A scenario marked by excessive information (infodemia)⁽¹¹⁾ has greatly contributed to the formation of the stigmatizer's virtual identity, which has caused discomfort and suffering in the real identity of the people who contracted the new coronavirus. These, in addition to living the fear of a new disease surrounded by uncertainties – Covid-19 – instead of receiving support, have to live in conditions that only favor the exacerbation of emotional shock, directly or indirectly suffering threats from insensitive people, rejecting the infected person with prejudiced and stigmatizing words or attitudes.

Stigma can occur due to three circumstances: body abominations, individual guilt and tribal stigmas⁽¹²⁾. In relation to the scenarios observed and mentioned in this essay, stigma is configured as a circumstance marked by individual guilt and reinforced by false beliefs and the exacerbated fear of being stigmatizer in contracting the disease. These false beliefs often come from groups marked by hatred and extremist ideologies, especially related to the anti-science movement.

It is worth bringing a slice of the health professionals who have been working on the front line in the care of patients with COVID-19. Taking as reference the scenario in which they are inserted, these people receive the mark of potentially contaminated, without even having a laboratory or clinical confirmation, which is still a possibility. However, stigmatizing and treating them with disrespect and prejudice is a deplorable and unsympathetic attitude towards someone who has risked caring for sick or dying people, reinforcing the perception that our essence of compassion and solidarity as human beings is not being experienced.

In this context, considering the particularity of Nursing professionals spending most of their time with the patient, especially in the hospital context, an article published in *El País* points out that Brazil has already lost more Nursing professionals to the new coronavirus than countries such as Italy and Spain together⁽¹⁵⁾. Since the crisis took place in the country, more than 98 Brazilian Nursing workers have been infected by the new coronavirus and have evolved to death.

Possible factors have contributed to these increased indexes, such as the scarcity and/or non-availability of personal protective equipment (PPE). When available, PPE are often of low quality and, at the time of removing them, marked by a mixture of anxiety and fear, sometimes the appropriate criteria of the technique are not observed. In addition, it is worth noting the non-isolation of a portion of the population with greater vulnerability, of elderly professionals and other risk groups, maintained in the front line of action⁽¹⁵⁾.

Thus, as a risk group to contract the disease due to the proximity to the contaminated portion, Nursing professionals have suffered prejudice and stigmatization from a portion of society. An important point to highlight is that the “stigmatizer” is unsure that he/she is not an asymptomatic carrier, even because it is notorious that mass testing is not being done, with also the presence of a scenario of darkness,

uncertainties and lack of information about who has actually been tested and diagnosed.

Such stigmatizing and prejudiced attitudes are not configured as healthy actions in the context of daily social exchange between human beings, causing emotional and social disorders in the person who suffers stigma before hostile and inhuman attitudes. It is worth mentioning the individual role in preventing contamination and transmission of coronavirus, because if each one watches for self-care, respects hygiene guidelines and social distancing, the chances of contagion reduce exponentially.

In his work “The Representation of the Self in Everyday Life”, Goffman discusses how the concept of the self is presented in everyday life, represented by the scenario of fear and anxiety experienced in this pandemic context, associated with the prejudice that has been reaching the self of those who have contracted the virus⁽¹³⁾. Understanding this daily life is a relevant condition for understanding the stigmatizing behaviors by which people begin to guide their actions in daily life. This behavior of repetitions with aggressive words or attitudes, pointing and exposing contaminated people, marks the self of the stigmatized and becomes greater with infodemia and misinformation, conditions in which the news propagates at the light speed and often negatively, with the aforementioned Fake News.

An example is the situation of a person showing clinical signs of cough, fever, tiredness and ageusia, leading to a suspected COVID-19 case. It is understood that orientation is physical distancing, which should be done respectfully, and not as has been occurred, with exposure (with photos on social networks), prejudiced attitudes and stigmatization of the other, who, even after clinical healing, has to deal with these reactions. Based on this scenario, the stigmatizer defines a situation and guides his/her action in an affront to human values and rights, not realizing the marks they leave on the self of the stigmatized⁽¹²⁾.

Of course, fear is understandable, but not the lack of sensitivity, compassion and solidarity towards the other's suffering, who might or might not be contaminated, and who will have to live moments of panic, solitary, before his/her personal space and those around him/her, with a traumatic repercussion on his/her self.

In summary, a mistaken prejudice of the situation has caused embarrassment and subsequent stigma, confronting human values and rights, at a time that calls for social solidarity and the building of bridges that allow the passage of attitudes of solidarity and compassion⁽¹⁶⁾.

Conclusion

In view of the above, it is worth reflecting that in fact the situation refers to the increased fear, especially fear of death, as well as the exacerbation of anxiety. Associated with these human responses, there is need for a bit of rationality and to be careful about the other's self, recognizing the human that exists in each person, and the need to exercise compassion, solidarity and respect for the other.

Thus, there is need to assume compassion and solidarity as human feelings and values and sanitary measures of individual and collective protection as a form of prevention, adopting social distancing or isolation when indicated, in addition to the use of masks, alcohol gel and the simple measure of hand washing, not stealing from the reflection on the impacts on the self of people in situations of greater vulnerability, such as those below the poverty line, homeless people and others who need a differentiated eye from the public authorities. One cannot fail to point out the zeal for the proper and respectful use of social media and networks, avoiding infodemia, excessive dissemination of information, misinformation and Fake News.

We are all in the crowd that soon everything will move to better days for many and emotional and spiritual comfort for those who have gone through the loss of a loved one due to Covid-19, keeping a sense of compassion and solidarity on

alert so that, when possible, one can re-embrace, hold hands and thank for surviving another pandemic in the history of humanity.

Collaborations:

1 – conception, design, analysis and interpretation of data: Gilvânia Patrícia do Nascimento Paixão and Rudval Souza da Silva;

2 – writing of the article and relevant critical review of the intellectual content: Gilvânia Patrícia do Nascimento Paixão, Rudval Souza da Silva, Fernanda Nassiff Neves Carneiro and Leiza Nazareth Torres Lisbôa;

3 – final approval of the version to be published: Gilvânia Patrícia do Nascimento Paixão, Rudval Souza da Silva, Fernanda Nassiff Neves Carneiro and Leiza Nazareth Torres Lisbôa.

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