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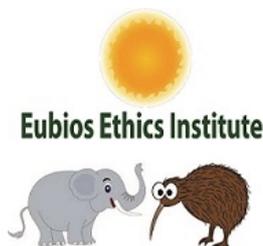


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Editorial: Save the Planet!

In this eighth issue of *EJAIB* for 2020 there are 13 papers on environmental ethics, bioethics, COVID-19 pandemic ethics and medical ethics topics from around the world. The *Statement on Environmental Impacts of the COVID-19 Pandemic* is the sixth statement from the World Emergency COVID19 Pandemic Ethics (WeCope) Committee. It is addressed not only to governments, but also educators, citizens and all organizations. There are also several papers in this issue on the concepts of what is a new normal or new world order, that feed into ongoing work by the WeCope committee.

The accompanying background paper provides more academic rationale for the Statement and raises a number of questions of how the positive impacts to the environment that have been associated with the economic slowdown and social distancing policies, may be used as a renewed opportunity to recommit ourselves to the environmental commitments countries of the world, and people, have made to reduce carbon dioxide emissions, reduce biodiversity loss, and generally save the planet. There are also papers by Suma Parahakaran on the wildlife trade, and Alex Waller presenting the results of public surveys on air pollution in Thailand. Mallari and Bayod present detailed data to examine the impacts of a family-based reforestation program in the Philippines. Papers by Ryan Maboloc and others explore the new normal.

Michael Cheng-tek Tai addresses some global ways to integrate bioethics globally. The need for practical bioethics has been raised in the **Eubios International Bioethics Declaration** in 2002, and in this issue, Jahid Siraz et al. study the role of volunteering with comparisons from Bangladeshi Migrant Workers in Malaysia and Indigenous Communities of Bangladesh, and show how people can exercise practical bioethics during the COVID-19 pandemic. We have seen many people all around the world come out in solidarity to help those in need, and we can see many vulnerable persons as discussed in the September 2020 issue.

Holistic approaches to bioethics are presented in a range of papers, mostly from the **International Public Health and Bioethics Ambassador Conference** series. IPHA10 will be held on 1-3 October, just after the publication of this issue of *EJAIB*. Some of those and other papers await readers in the 2021 issues of *EJAIB*.

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Stigmatization in the wake of COVID-19: Considering a movement from 'I' to 'We'

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Abstract

Epidemiological crisis during recrudescence of pandemic like COVID-19 may stir fear and anxiety leading to prejudices against people and communities, social isolation and stigma. Such behavioral change may wind up into increased hostility, chaos and unnecessary social disruptions. A qualitative exploratory approach was utilized to conduct an extensive review of secondary literature. The case-studies were gathered from academic literature like articles, opinions and perspective pieces published in journals and in grey literature like publications in humanitarian agencies and media reports. Grey literature was included in the scope as the COVID-19 situation is still evolving.

I discuss some of the mechanisms of stigmatization and how social connectedness and empathetic understandings can be a way out of negative stereotyping and discrimination met out to the sufferer of the communicable diseases as COVID-19. Empathetic understanding paves a way to approach a problem from the perspective of 'we' not limiting one only to 'I'. The moment when we make an approach from 'I' to 'We' actually then we embark on a journey of illness to wellness.

Keywords: COVID-19, pandemic, stigma, discrimination, mental health, empathy, India, Face-to-face communication, social distancing, suicide.

To stay alive we need to think as one Big community, The greatness of a community is measured by the compassionate and intelligent action of its members.

Stigma is referral of an attitude that is immensely disturbing (Goffman 1963, p-3). Stigmatization is identified as chronic social and physical restraint of a person(s) by other human. Stigma negatively affects those who possess certain attributes and are viewed differently by those around them and by society; as such it exerts significant influence over people's identity. In the case of COVID 19, there are increasing instances of social stigmatization because of the lack of knowledge and previous unawareness of the disease. The paper propose to discuss some of the mechanism of stigmatization and how social connectedness and empathetic understandings can be a way out of negative stereotyping and discrimination met out to the sufferer of the pandemic. Empathetic understanding paves a way to approach a problem from the perspective of 'we' not limiting one only to 'I'. The moment when we make an approach from 'I' to 'We' actually then we embark on a journey from illness to wellness.

Stigma –an Implicit Biasness

Implicit biases are found among people of social groups of different races, religious practices, and gender classifications connecting group members earmarked with attributes in virtue of their social group membership. Seemingly without being aware, unintentionally certain traits are attributed to certain group by dint of belonging to that group member and this can lead to the differential treatment of group members. In certain experimental studies conducted there is implicit association of obese people with laziness and incompetence. In a study of implicit racial bias participants were presented with images of weapons and prior to it they were given photos of white and black-skinned people. Those who viewed picture of a black man's face were likely to associate them with weapons and violence. There is a similar unconscious or unintended form of bias and prejudices working behind even in the occasion of pandemics. Such implicit bias are root to bad beliefs and this lead to atrocities committed against health workers working with COVID 19 patients and those who may be affected by the virus.

The state response is largely concentrated on physical health consequences and implications of COVID-19. The focus on transmission of the infection left little room for public attention to the psycho-social results of the outbreak in the affected individuals and as well as in the general population, with particular reference to India where resources for mental healthcare availability is limited. Stigma makes it less likely for a disease to be of interest for funding of research or services. Stigma makes it less likely an individual to be transparent about symptoms of the disease because of the negative social implications of having that label of diagnosed. Now most stigma scholars regard stigma as a social construct and regard the variability across time and cultures in what attributes, behaviors, or groups are stigmatized (Major and O'Brien 2005).

Erving Goffman (1963) holds stigma to be a negative trait that devalues an individual within a particular scenario or culture (p. 2). Goffman opines stigmatized people are regarded as abnormal by society. To Goffman stigma is a relational concept, it is only in the occasion of interaction between two individuals that stigma is

effective (Goffman 1963). Stigma generally is context-specific. It has “marks” associated with “discrediting dispositions”—negative evaluations and stereotypes. The stereotypes are shared widely and quite known among members of a culture and they become grounds for shunning members of the stereotyped category (Major and Eccleston 2004).

I now here put forward some of the mechanisms by which stigma may affect the stigmatized and how it may impact those working for the relief of COVID-19 sufferers and those infected by the disease.

Discrimination-Negative Stereotyping

When we exert limitation on the accessibility of significant life domains, we discriminate and this attitude directly affects the social status, the mental as well as the physical well-being of the stigmatized in a negative manner. This stereotyping or labeling can even escalate to acts of violence against persons or groups.

The fact that viruses do not discriminate, people do, has now become quite transparent during the COVID-19 pandemic. Health-associated stigma or rather the negative associations between a person or a group of people who share certain traits and certain morbidities as much as the disease itself crosses generations, societies and cultures. When stigmatization leads to defaming an organization or business place, verbal or physical threats against individuals and families because of their exposure to the virus, then it becomes really worrisome.

I would like to share the instances of stigmatization as observed in the country which is said to report the first few cases of COVID-19 before it took the world by storm. It was reported that on 27 January 2020 China Southern Airlines in their flight from Nagoya to Shanghai some Shanghainese passengers on board refused to fly with other passengers from Wuhan. Two of the Wuhan travelers were unable to board because of the fever they were suffering. The Shanghainese on the spot raised allegations that other passengers from Wuhan have taken medicine to bypass the temperature check. Things took such a turn that various cities and prefectures outside of Hubei adopted resettlement measures for Hubei people in Zhengding and other areas for example if incidents of visitors from Hubei or Wuhan taking up hotel accommodation were reported to the local government, the informers were rewarded. Wuhan natives in other provinces were turned away from hotel accommodations, those having their ID numbers, home address and other essential details deliberately leaked online (Gan 2020).

During March and April 2020, media like *‘The Globe and Mail’* reported cases of xenophobia towards foreigners. This kind of discrimination and negative attitude of the China has been attributed to the perturbation of the second wave of the virus infection. Though it is of significance that Chinese vice-foreign minister indicated that 90% of imported COVID-19 cases were PRC nationals returning from overseas (Yan 2020, Bloomberg 2020)

Expectancy-Confirmation Procedure

Expectation-confirmation theory posits that satisfaction is determined by interplay of prior expectation and perception of delivery. The self-fulfilling prophecies contribute to the maintenance of social stigma and the inferior status of stigmatized individuals (Jussim, et.al. 2003, p-374). The perceiver’s negative stereotypes and expectations is a route to a behavior where a perceiver may act toward stigmatized person’s thoughts, feelings and behaviors. There has been a spike in escalation of misinformation, particularly through social media, either out of ignorance or in the furtherance of vested interests. As a consequence, there have been attacks on health workers and police personnel and subject to ostracism particularly in India. Ignorance and fear of contagion has led neighbourhoods to block the entry of those have recovered and of health workers, pushing people with mild symptoms not to access medical aid, thereby putting themselves as well as others at risk. The stigmatizing effects of negative expectancies were observed in the human interactions between the health workers and the perceiver. The perceivers’ expectancy that the health workers involved in COVID-19 treatment are means to the spread of the virus as well as the actual diagnostic status of the target (here the health workers) adversely affected the health worker’s interactions with the society.

Psychologists say the desire to identify and castigate those who are ill harkens an age-old instinct to protect one own and relatives from catching a potentially fatal morbidity and indulge in a belief, however unfounded and baseless, that those who is suffering or catching the disease got to bear some responsibility.

I here now cite the case of Dr. Sanjibani, a 34-year old doctor working with COVID-19 positive patients in the government-run civic hospital in Surat who was unduly harassed for being a medical professional working with corona virus patients. She was initially ridiculed as a carrier of corona positive by her insensitive apartment neighbors. When she refused to pay heed to the banter she was denied entry to her own home. She was dragged out of her house (Trivedi 2020). The man who harangued and assaulted her was charged and arrested before being released on bail.

After a public apology was issued the concerned, Panigrahi chose not to press further charges; she plans to find a new apartment when the lockdown is over. Such instances of assault and forceful vacating of accommodation could be observed even in West Bengal, Kerala and Karnataka to name a few. The stigmatized targets all adopted a defense mechanism and they were taken by surprise by the perceivers’ attitude towards them. The stigmatized targets’ behaviors confirms the initial, erroneous, expectation and even lead to expectancy-consistent transformation in the targets’ self-perceptions (Fazio et al. 1981). The target need not be aware of others’ expectations, stereotypes or prejudicial attitudes for this process to unfold.

Stigma as Identity-Threat

The majority of intergroup research has focused race and ethnicity, characteristics of a ‘social group’ typically

visible and obvious to others and are not seen as under personal control. The present approach to stigma emphasize the extent to which stigma's effects are mediated through targets' understanding of how others view them, their interpretations and analysis of social contexts and their agendas and aims. These theories in its proceeding from the general to the particular emphasis on people's construal's of their environment and self-relevant motives how it affects their emotions, beliefs, and behavior. In their upended journey, there is assumption that interpretation is grounded upon direct or vicarious experiences with being a target of negative stereotypes and discrimination. This kind of 'top-down' and 'bottom-up' approach presumes that stigma raises risk for a person in experiencing threats to his/her social identity.

This heightened stigmatization puts to risk drastically the self-esteem at personal and collective level and can lead to uncertainty as to whether outcomes are due to one's personal identity or social identity. Steele and others draw the hypothesis (Steele et. al. 2002) that cultural cognizance or situational cues that marks out if one's group is devalued, marginalized it invariably leads to social identity threat. This threat is to the self that is derived from membership in a devalued social group or category. I here now mention how self-stigma led to a spate of suicides linked to COVID-19 both globally and across India.

The decreased access to mental health treatment risk is colliding with the rising suicide rate; this is one of the dangerous outcomes of the COVID-19 pandemic. The 'JAMA Psychiatry' journal has asked us to exercise care when we deal with mental and health related problems in the time of pandemic. It has been observed that the measures adopted to curb the spread of the virus like 'social distancing' can exacerbate pre-existing mental problems.

Severe stress over the fear of contracting or infecting others with the virus, losing social positions and chances of social ostracism are some of the reasons to trigger self-harm to an individual. Many individual committed suicides on the pretext that they are suspected of being COVID-19 affected (Banerji 2020). The use of dehumanizing expressions like 'COVID-19 infected' 'suspected cases' with a negative attribution of words like 'infectious' 'dangerous' in public discourse is a negative stereotyping and creating a category of 'them' different from 'us'. This polarizing rhetoric and vilifying can create a strong divide and results into stigmatization. Denominations of 'super-spreader' 'infecting others' or 'transmitting virus' in media colloquial and public discourse have an intonation of assigning blame and responsibility on affected individuals undermining empathy towards them. Such discriminatory behavior may pose threat to the self-identity of an individual.

Individuals who regard their stigmatized social identity as a core part of their self-identity are more likely to view themselves as targets of personal and group discrimination (Sellers & Shelton 2003), especially when prejudice cues are attributionally doubtful (Major et al. 2003c). Such people most likely appraise stigma related occurrence as self-relevant. As a result there is increased threat and lower self-esteem in response to

perceived prejudice against such group and they hardly cope or cope negatively in situations where the group is negatively stereotyped.

What are the ways by which we can overcome the negative effect of stigmatization? Inflicting self-harm can be lowered and self-esteem can be improved upon through a 'pulling together effect'. This kind of pulling-together effect can be improved upon through strengthening social connectedness. Pandemic may inculcate physical distancing between individual but in a way should emphasized upon social and mental distancing. To bring about social connectedness we need empathy to understand an individual in the social construct. Empathy basically refers to the perspective of a person as more of 'you' ceasing no longer to be 'it' (Froese 2011) that is; someone with their own subjective cognitive and affective experience is a point to begin to view people's social perspective that are labeled as 'different'.

Empathy---an answer to stigmatization—a movement from 'I' to 'We'

In a broader perspective empathy has been proposed as one of the means of coming at the problem of other minds, that is, how it is that we come to understand one another as having minds (Steuber 2006). Empathy is an important social cognition which provides access to the other person's mind. Empathy is the capacity to share the feelings of others morality and pro-social action. Empathy has a role in altruistic motivation behavior. The problem of other minds stem from the assumption that other minds are to a fundamental extent 'unobservable constructs' (Johnson 2000). The observed behavior and actions of another person gains meaning when it is interpreted. This reflects an epistemic gap (Crocker et al. 1998) which is to be bridged by some perceptual or extra-perceptual mechanism. It is assumed that a person understands another by imaginatively presenting herself into the circumstances of the other thus enabling an approximation of that person's affective or cognitive state as by the stimulation theory. Necessarily we use our own minds a model for the other person (Steuber 2006).

In a meta-analysis scrutinizing of the relationship between different kinds of empathy and pro-social behaviors such as helping, sharing, and giving to others, researchers found significant positive relationships between the two, irrespective of how empathy was measured (Eisenberg & Miller 1987). Daniel Batson and his colleagues have tested both the limits and efficiency of empathy-based pro-social responding (Batson 2011). Batson pointed out evidence suggest that feeling empathy for the person in need is a significant motivator of helping. High empathy may mitigate aggression in response to personal threats. With respect to prejudice and stigma, when people are specifically instructed to empathize with out group members, it has more positive effect.

There are a myriad number of ways or instances in which we interact and learn information about each other and here I would focus on face-to-face interactions. Concepts of stigma and empathy that provide an account of social cognition should account for this range. One element that is significant to the forms of social

understanding is the amount and type of information that constitutes instances of social understanding. Social interaction happens not within a vacuum but in a heterogeneous and structured social world.

To be co-present with another person is one of the most basic forms of interaction. It involves engaging with a person who has bodily presence in front of the person. In face-to-face interaction one can reach out and grab and talk with a person (which can be supported further by sharing a common language), cry, laugh, shout etc. Their idiosyncrasies e.g. particular verbal ticks, their unique features e.g. tone of voice, smell, posture, manner of speaking etc., are available. It is so enriched with information. Empathy in the sense of sharing category membership that we ascribe both to ourselves and the other person is also possible, as the other person's actions may reveal some commonality. One can feel anger towards this person, joy, indifference, attraction etc., but you cannot deny their presence entirely. Dehumanization is possible but this requires particular supporting conditions e.g. a wider social, cultural, political and infrastructural framework that serves as a backdrop to the interaction. To tackle stigma and increase the likelihood of empathy there should be increasing face-to-face interactions with people of stigmatized groups along with bringing about change in any infrastructural elements that may easily delineate in-groups from out-groups.

Conclusion

We need to promote openness to difference. The contact-based awareness strategies help in opening one's mind and looking at other's problem as one's own. Face-to-face stigma reduction training both for healthcare providers as well as for common mass is a wonderful anti-stigma program. Thus we can see interaction, results in reduced anxiety about contact and increased empathy and perspective taking.

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