

Corona Stigmatization Phenomenon

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ABSTRACT

The coronavirus disease (COVID-19) pandemic can be associated with stigmatization, discrimination, and social isolation in general and in specific communities. On March 3, 2020, Saudi Arabia's Ministry of Health recorded the first coronavirus case diagnosed in Qatif, eastern province. The Saudi government suspended all movements in and out of the Qatif area. The operation of governmental agencies, schools, and colleges was suspended. The curfew and lockdown then extended to all kingdoms a few weeks later. Stigmatization starts early during the outbreak in specific cities, spreads to particular communities and then touches specific families with known cases of coronavirus. Social media platforms, television, and newspapers play a role in mitigating fear. However, such communication may sometimes enhance fears and discriminations.

This commentary outlines the stigma related to the coronavirus pandemic within Saudi Arabia, observes challenges, and addresses the need for a new mental health plan for future crises.

Keywords

COVID-19, Stigma, Discrimination, Social isolation, Media platform.

The novel coronavirus originated in Wuhan, China, and given the name COVID-19. On March 11, 2020, the WHO noted that COVID-19 had already spread to more than 205 countries, leading to more than half a million deaths and more than 6 million cases in the first outbreak of the disease [1-3]. This outbreak is expected to be followed by others, similar to the Spanish influenza pandemic of 1918-1920.

The warnings of international, national, and local healthcare systems regarding the crisis in its early stage were taken lightly and ignored, disregarded, and camouflaged until chaos spread to the whole nation and even to the international community [4].

Thousands of scientific-based and nonscientific-based reported materials were propagated and disseminated via social media and traditional media. Those materials discuss aspects such as the etiology of the disease, pathophysiology, symptoms, signs, treatment, prevention, cure, and health promotion [5,6].

New regulations, attitudes, and behaviors observed with the newly emerging disease called COVID-19, including lockdown, social distancing, hand hygiene, face masks, virtual clinics, virtual offices, eMarketing, and social media addiction, lead to social panic and social anxiety [5,6].

Some psychological issues have become apparent, such as fear of missing out or FOMO and cabin fever syndrome or stir-craziness. Moreover, well-known psychiatric disorders have arisen, including depression, posttraumatic stress disorder, anxiety and obsessive compulsive disorder [7,8].

A new phenomenon that needs to be studied has emerged, namely, corona stigmatization. Different modalities and approaches are adopted to halt the rapid spread of infection, including newly adapted mobile applications for tracking and tracing COVID-positive patients. The associated stigma is reminiscent of the skin marking used to distinguish and segregate individuals from each other that has been applied among both animals and humans. In humans, it was used to identify different tribes, slaves, strangers, and criminals beginning in the ancient Greek civilization, and the practice still exists in some underdeveloped communities.

While stigma involves a physical mark, it also involves human psychology and causes knowledge, attitude, behavior, and identity problems.

In conclusion, application of the newly introduced technological applications to track and trace COVID-19 patients would aggravate COVID-19 stigmatization, so psychiatry and psychology specialists need to move fast to prevent such stigmatization and call decision-makers to revise this approach even if it is optional. Moreover, there is an urgent need to address future crises.

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