

Literature Review:

A World in Quarantine: A Step Towards Removing Stigma

Valerie De Wandel, J.D.

Often, an individual dealing with loneliness and depression may be afraid to seek the help of a psychiatrist because of what others might perceive. In 2020 however, that same individual might realize that they are not the only ones dealing with isolation. Isolation has become the norm due to the worldwide pandemic. The individual is not alone, and a stigma that has been so pervasive, has been diminished. Why did it take a pandemic to cause this positive shift?

The year 2020 will forever be known as the year that brought on the COVID-19 pandemic. The pandemic has affected every aspect of day-to-day life around the world. Not only has the pandemic brought about hundreds of thousands of cases and deaths from its physical symptoms, but the pandemic has also affected discussions about mental health. According to Professor Hadi Tehrani, it has become a psychosocial stigma attacking the dignity of the affected.¹ In fact, the uniqueness of COVID-19 is that its adverse effects have exposed concerns of mental health that may have always been present but are now being manifested abundantly.

Before COVID-19, reports indicated that approximately one in five adults reported

having a mental illness in the past year, with over eleven million having a serious mental illness resulting in functional impairment of normal life activities.² According to a new government report conducted by the U.S. Centers for Disease Control and Prevention (CDC), forty-one percent of adults surveyed this past June “reported an adverse mental or behavioral health condition.”³ Compared to 2019, the number of Americans suffering from an anxiety disorder tripled and those dealing with depression practically quadrupled. While much of the reported anxiety and depression may stem from a fear of contracting the coronavirus, a position paper published in the *Lancet Psychiatry* examining changes in adult mental health in the United Kingdom before and during the lockdown noted that the major adverse consequences of the pandemic involved increased social isolation and loneliness. The authors noted, “Many of the anticipated consequences of quarantine and associated social and physical distancing measures are themselves key risk factors for mental health issues.” Specifically, the authors described these concerns to include “suicide and self-harm, alcohol and substance misuse, gambling, domestic and child abuse, and psychosocial risks (such as social disconnection, lack of meaning or anomie, entrapment, cyberbullying, feeling a burden, financial stress, bereavement,

loss, unemployment, homelessness, and relationship breakdown)." Moreover, "a major consequence of the COVID-19 pandemic is likely to be increased social isolation and loneliness, which are strongly associated with anxiety, depression, self-harm, and suicide attempts across a lifespan."⁴ While the statement above refers to the UK, U.S. data depicts similar concerns.

As mentioned above, the reports of Americans dealing with anxiety and depression increased in 2020 compared to the year prior. Additionally, a report discovered that fifty-three percent of U.S. adults reported that their mental health was adversely impacted as a result of stress and worry from the coronavirus. Other data indicate not only mental health concerns resulting from the stress of the virus itself, but mental health outcomes related to adverse effects such as isolation and job loss.

The important takeaway from these studies is not simply an increase in mental health cases, but the fact that more individuals are reporting their mental health concerns. Part of the rationale for this is that, as indicated by Dr. Michael Dewberry, senior associate medical director of Institute of Living of the Hartford HealthCare Behavioral Health Network, "the stress and anxiety of the pandemic is impacting everyone to some degree. We worry about the long-term effect of financial difficulties, uncertainty, social distancing, and isolation."⁵ In other words, everyone, not simply a susceptible group of individuals, is experiencing some sort of lifestyle change or isolation that is most likely impacting their mental health.

Although large numbers of individuals dealt with various mental health concerns prior to the pandemic, adverse consequences from the pandemic directly affect everyone. The worry of contracting the virus, isolation, and other effects are ubiquitous. Similarly, discussion surrounding mental health was present prior to the pandemic, but now these issues seem to pervade daily conversation. To understand why this change has come about, it is important to understand why it had not come about sooner. The issue of mental health has always been relegated to hushed tones and a second-tier due to a stigma surrounding it. In order to best understand this notion of stigma, and how it has been affected by the pandemic, it is essential to understand the meaning of stigma and how it can be interpreted.

According to the World Health Organization (WHO), stigma is defined as "a mark of shame, disgrace, or disapproval which results in an individual being rejected, discriminated against, and excluded from participating in a number of different areas of society."⁶ According to the U.S. Surgeon General's Report on Mental Health, "Stigma erodes confidence that mental disorders are valid, treatable health conditions. It leads people to avoid socializing, employing or working with, or renting to or living near persons who have a mental disorder."⁷

Stigmas associated with mental health stem from misguided views that those with mental health issues are "different". More than marking them as "othered", these issues are part of a "moral failure". Editorial Director of the National Alliance on Mental Illness Austin, Karen Ranus, indicated in an interview that the

difficulty people have understanding mental illness as a health issue is because, “there’s still a part of us that sees it as some character flaw or some kind of moral failing of some kind, a personality flaw.” She also said that when her daughter was diagnosed with a mental health issue, leading her to a behavioral health unit, she never mentioned it on social media. However, when her mother was diagnosed with a brain tumor, she posted on Facebook.⁸ It was as if some kind of shame encompassed her daughter’s diagnosis.

The WHO has also emphasized that “stigma deters the public from wanting to pay for care, and thus reduces consumers’ access to resources and opportunities for treatment and social services. A consequent inability or failure to obtain treatment reinforces destructive patterns of low self-esteem, isolation and hopelessness. Stigma tragically deprives people of their dignity and interferes with their full participation in society.”⁹ This is a manifestation of the old idea that humans are more likely to exclude those that they perceive as different.

Now, as everyone has started to experience adverse effects from the pandemic and its associated lockdowns, more and more individuals are experiencing shared emotions. Therefore, due to the diminished difference in experience, it is likely we are seeing a reduction in the stigma surrounding mental health issues. As each person experiences their own negative reactions to the pandemic, it allows us to view similar mental conditions without a sense of moral failure.

Isolation has become the most commonly experienced effect of the pandemic. And

so, loneliness has become a leading cause of concern. Some of these effects can be seen through increased social media use generally; however, the unique effects of a ubiquitous loneliness throughout American life are best exemplified by the increase in mental health information distributed on social media sites. While much of social media is used to communicate with others, it has now, more than ever, turned into a greater outlet for voicing mental health concerns. As more and more individuals acknowledge the negative emotional experiences resulting from the pandemic, these concerns have become the norm rather than the exception. An unanticipated effect of this change may be a reduction in the stigma surrounding mental health.

An important caveat to this conclusion is that there may be a retained stigma surrounding mental health issues associated with direct contact with the coronavirus. Communication indicating that one might have symptoms, or has been in contact with an infected individual, is likely kept to a minimum from the fear that COVID-19 classifies those anywhere near the virus as undesirables. According to Canadian sociologist Erving Goffman, this undesirable characteristic is the result of social stigma discrediting an individual due to their classification of the “undesirable other”, or the notion of “othering”.¹⁰ During pandemics and times of high social crisis, discrimination and blame also arise. This means that while those who are dealing with mental health concerns resulting from involvement in quarantine might have their outspoken concerns received with more empathy than those who are dealing with psychological impact from the perception of

having or knowing someone with the disease. Thus, the latter psychosocial concern is likely to not be communicated as outwardly as concerns stemming from loneliness or job loss due to the pandemic. This is the effect of moral shame, that our society has been so fortunate to have seen beaten back, rearing its ugly head.

Perhaps, one of the positive effects of this pandemic is that it has brought about a shared experience that has led to a diminishing of stigma surrounding mental health. This has led to more individuals being willing to reach out and seek help about their mental health. A lesson we can take from this pandemic, thus, is that such positive effects from discussions on social media, in-person, and other forms should be extended to those we still categorize as “others” without seeking blame of moral failure.

While some would argue that the notion of moral failure leads to shame, which might expose problems, no shame, even without a pandemic should surround mental illness. The pandemic explains the rationale behind that statement, because COVID-19, while presenting an atrocious time for our world, has also exposed the shared mental struggles of humans. Possible effects of mental health stigma have only been aggravated due to the additional concerns of community exclusion, self-isolation, and fear that have come about with COVID-19.¹¹ The question I pose is: Why does it take a pandemic to allow us to realize that many of those dealing with mental illness, on whatever side of the spectrum, are persons who should not be regarded as less than, or a product of moral failure. While you could

argue that there is room for those individuals who do not follow quarantine regulations or ignore the severity of the virus, essential workers who have no choice in the matter should not be shamed for risking their lives to provide for the rest of us. If shame is alleviated concerning the pandemic, more people might be willing to speak out, helping identify potential Covid-19 contact risks. If this is the case, think about how more people would speak out about their mental health, allowing greater opportunity to treat and assist.

In sum, this is an issue that has received heightened attention because of the pandemic. It has appeared on the news, social media, and has arguably become a growing topic of discussion amongst our friends and family members. Truly, we should not need a pandemic to alleviate stigma surrounding mental health. The goal and hope for this article is not solely to encourage all members of society to realize a slight positive effect from the pandemic, but to recognize the necessity of removing the stigma of mental health. Mental health should not be an uncomfortable talking point, but a discussion of solidarity that allows us to recognize an opportunity to educate and provide aid for others without any sense of shame or occurrence of a pandemic. ✚

VALERIE DE WANDEL, J.D.

*Graduate Assistant, Health Care Ethics
Ph.D Candidate
Saint Louis University
valerie.dewandel@slu.edu*

ENDNOTES

1. Tehrani H. (2020). Mental health stigma related to novel coronavirus disease (COVID-19) in older adults. *Geriatrics & Gerontology*, 20(8), 796–797; Mahase E. (2020). Coronavirus: Covid-19 has killed more people than SARS and MERS combined, despite lower case fatality rate, British Medical Journal Publishing Group.
2. Nirmita Panchal, R., et al. (2020, August 21). The Implications of COVID-19 for Mental Health and Substance Use.
3. Ibid; CDC, National Center for Health Statistics. Indicators of anxiety or depression based on reported frequency of symptoms during the last 7 days. Household Pulse Survey. Atlanta, GA: U.S. Department of Health and Human Services, CDC, National Center for Health Statistics; 2020. <https://www.cdc.gov/nchs/covid19/pulse/mental-health.htm>.
4. Mahase Elisabeth. Covid-19: Mental health consequences of pandemic need urgent research, paper advises *BMJ* 2020; 369 :m1515.
5. Poll: Here's COVID-19 Toll on Americans' Mental Health. (2020, April 24). Retrieved December 06, 2020, from <https://hartfordhealthcare.org/about-us/news-press/news-detail?articleid=25741>.
6. WHO (2001). *The World Health Report 2001. Mental Health: New Understanding. New Hope*. Geneva, World Health Organization.
7. Ibid.
8. Stayton, J. (2018, December 31). Some Still See It As 'Character Flaw' Or 'Moral Failing.' What We Don't Get About Mental Illness.
9. WHO (2001). *The World Health Report 2001. Mental Health: New Understanding. New Hope*. Geneva, World Health Organization.
10. Link, Bruce G., and Jo C. Phelan. "Conceptualizing Stigma." *Annual Review of Sociology* 27 (2001): 363-85. Accessed September 11, 2020. <http://www.jstor.org/stable/2678626>.
11. Peprah, P., & Gyasi, R. M. (2021). Stigma and COVID-19 crisis: A wake-up call. *The International Journal of Health Planning and Management* 36(1), 215–218.