

The Coronavirus Disease and Social Stigma: Towards Improved Pastoral Care and Counseling to Victims

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Abstract: *When individuals share specific diseases and some characteristics, social stigma tends to arise. Should the vice occur, adversities include loss of status, receiving treatment separately, discrimination, stereotyping, and labeling. Previously, pastoral care and counseling has been used to alleviate stigmatization arising from pandemics, with the 2014-2015 Ebola outbreaks in West Africa being a recent example. However, in the wake of the coronavirus disease (COVID-19), there is an increase in the incidence and prevalence of social stigma, yet a disjoint exists concerning the work of pastoral care and counseling personnel and COVID-19 stigmatization. Therefore, this paper explores the relationship between the occurrence of COVID-19 and social stigma. Other themes investigated include the effects of coronavirus disease-related social stigma on direct and indirect victims, biblical insights about suffrage in society, and some of the strategies whose implementation might counter the perceived effects of social stigma accruing from COVID-19. From the findings, the paper has established that disease-related social stigma has led to the social isolation of groups, undermined social cohesion, caused members to hide illness in fear of discrimination, and a failure to adopt healthy behaviors. Thus, to respond to these problems, three strategies ought to be implemented by professionals in pastoral care and counseling. The recommended strategies include focusing on the trend of facing fears, spreading messages of seeking the Lord (because a disease such as COVID-19 is an occasion), and the sensitization of masses that a disaster such as COVID-19 and its associated stigmatization test people's faith and also reveal their hope.*

Keywords: COVID-19, Pastoral care, counselling, social stigma

1. Introduction

Background and Motivation

In health contexts, social stigma comes in the form of negative correlations between individuals or groups of persons sharing specific diseases and some characteristics. If an outbreak occurs, social stigma implies that such individuals are likely to experience loss of status, receive treatment separately, and be discriminated against, as well as stereotyped and labeled, adversities arising from their perceived link with a disease (Anderson et al. 2020:3; Li et al. 2020:2). Apart from those with the disease, the aforementioned treatments tend to escalate and pose negative effects on communities, friends, family, and caregivers. Particularly, even in situations where individuals are not diagnosed with the disease (but share some features with the groups of patients) are likely to experience stigma. Thus, such groups become indirect victims of the social stigma (Brooks et al. 2020:915; Li et al. 2020:688). Currently, the coronavirus disease (COVID-19) has provoked growing cases of discriminatory behaviors and social stigma against patients, their families, and those hailing from certain ethnic backgrounds. For example, recent reports suggest that in Guangzhou, China, some African residents have been stigmatized because of mainstream society's presumption that the individuals were COVID-19 infectors (Chen, Zhou and Dong et al., 2020: 4; Liu, Yue and Tchounwou, 2020: 2304). Thus, while COVID-19 may not necessarily be a death sentence, there are growing cases of stigmatization for confirmed or suspected persons, arising from societal ignorance, bias, and fear.

Therefore, in the wake of increasing cases of COVID-19 infection, social stigma remains a global issue that calls for early interventions, especially from a theological

perspective. In this paper, the main aim is to examine the current trends in COVID-19 stigmatization and how interventions could be sought to restore justice for direct and indirect victims. Approached from the perspective of pastoral care and counseling, the motivation of the paper is to unearth what the Bible says about suffering, some of the examples of COVID-19-related suffrage in the Bible (and how practical solutions could be sought based on what has been documented in the Bible), and the implication for the future of practical theology, should such incidents of disease-related stigmatization recur. Additional motivation has arisen from previous affirmations that if stigmatization occurs, it is likely to increase the spread of disease indirectly or directly. Specifically, social stigma implies that most individuals are likely to be discouraged from adopting healthy behaviors, remain reluctant to seek early medical care, and be driven to hide illness because of discrimination fears (Cirrincione, Plescia and Ledda et al. 2020: 360; Cohen and Kupferschmidt 2020: 1288).

2. Problem Statement

Engagements with faith communities and religious leaders have emerged as game-changing decisions while responding to epidemics, with West Africa's 2014-2015 Ebola outbreaks being a recent example. However, even with the effectiveness of pastoral care and counseling documented regarding previous pandemics and the interventions that religious institutions have spearheaded, currently, cases of coronavirus-related social stigma are on the increase. Also, an understanding of how the issue could be approached based on Biblical specifications about suffrage and countermeasures remains limited. As such, most communities have witnessed a disjoint between pastoral care and counseling and the effort of addressing COVID-19 stigmatization.

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Research Questions

In this paper, the main research question is, what is the relationship between COVID-19 and trends in social stigma in society? Other specific research questions include:

- 1) What are the effects of social stigma on direct and indirect victims of COVID-19?
- 2) What are biblical insights concerning suffrage in society?
- 3) What are some of the strategies that pastoral care and counseling professions could employ to minimize COVID-19 stigmatization?

Structure of Paper

The first chapter of the paper has provided background information about the subject concerning the interplay between COVID-19 and social stigma. The chapter has also described the motivation behind selecting and investigating this subject, the problem statement, and the research questions. The rest of the paper is organized in such a way that the second chapter focuses on the literature review, with a particular focus on theoretical foundations (or a selected theological theory about suffering) and biblical insights. The chapter culminates into the theoretical literature detailing what scholarly studies have examined and documented about the issue under investigation. The third chapter presents the results' evaluation, analysis, and discussion. In the fourth chapter, the paper is concluded, whereby the main insights are presented, and the implications for the future of pastoral care and counseling research highlighted.

3. Literature Review

Theoretical Foundations

As COVID-19 sweeps across communities and countries, one question that remains unanswered is why the pandemic is happening. Another question is where God is and why He is "silent" in the current deadly situation. From Barbara Stark's theory of poverty, God's relationship with people can be understood and aid in explaining suffrage (2009:381). Specifically, the theory holds that in God's creation of the world, He deemed it a good place and anticipated the wider natural order and people to exist in a harmonious way – in His presence. Thus, the theory demonstrates that central to the loving purposes of God are the relationships with the rest of creation, with ourselves, with others, and with Him (Imhoff and Lamberty 2020: 2). However, should these relationships be compromised, based on biblical specifications, God strives to ensure that they are restored and put back to the right track, just as it was fulfilled through the work of Jesus Christ's suffering, death, and resurrection.

Thus, the theory holds that when problems such as poverty and pandemics occur, they can be attributed to the broken relationships above. When structural and social legacies of society's broken relationships with God arise,

consequences can be seen to come in the form of the mentioned issues of poverty and pandemics (Imhoff and Lamberty 2020: 3; Mackenzie and Smith 2020: 45). Regarding COVID-19 and its associated problem of social stigma, therefore, the theory of poverty holds that such pandemics and their secondary effects (like social stigma) tend to accrue from man's exploitative relationships with the environment, unjust relationships between people, and a distorted understanding of self. Here, the theory is informative because it increases the understanding that for the pandemic and its related vice of social stigma, the occurrences can be attributed to broken relationships that God specifies and expects humans to abide by. Indeed, the theory guides the understanding of the cause of the pandemic and, in turn, lays a foundation for professionals in pastoral care and counseling initiatives to strive to lead society towards the desired direction that is free of broken relationships, upon which the challenge of social stigma might be addressed successfully.

A question that emerges at this point is what strategies could these professionals employ to lead society in the direction of relationships that God desires, hence, minimize COVID-19 stigmatization? Also, with the society housing members of different religious backgrounds (such as Muslims and African traditional religious groups), what challenges should pastoral counselors anticipate? And, what countermeasures are at their disposal to restore society towards God's desired direction free of social stigma while fighting the pandemic?

Biblical Insights

From the Bible, there is clear evidence concerning the deep interconnection involving the wider natural world, people, and God. Also, the Bible holds that if one aspect of the interconnection is broken, the entire system is affected. The theory documented above also qualifies this position by stating that disasters such as SARS, Ebola, and COVID-19 might have emerged because of man's destruction of the natural world. With ecosystems disturbed, the disrupted viruses end up seeking new hosts. At this stage, it becomes important to examine suffrage from the perspective of biblical parties, the probable causes, and how secondary effects such as social stigma could be curbed based on what happened to victims during the Old Testament and the New Testament.

From Deuteronomy 7:15 and Exodus 15:26, Egypt was struck by Yahweh and promised that if they heeded his voice, he would heal and protect the people. From 1 Samuel 5:6-12, God would also inflict Philistines with a "deathly panic" and tumors after they captured the ark. Because of unfaithfulness, God also afflicted people with pestilence as a dreadful judgment. For instance, in 1 Chronicles 21:12-14, it can be seen that after the sinful census on the part of David, God struck the region with pestilence, which saw 70,000 Israelite men die. In 2 Chronicles 21:12-19, Jehoram, having led Judah into spiritual harlotry, was punished with an incurable disease in the bowels. As great agony characterized his death, the people also faced a great plague.

These examples demonstrate that from the Bible, pain, suffering, and disease arise from a broken world that is marred by sin. In Deuteronomy 32:39, however, even in situations where there is a broken world, hope for God's people is provided. In the verse, it is indicated that God exhibits the authority to "heal" and to "wound." In Exodus 15:26, this hope is also demonstrated when God strikes Egypt, but still expresses the willingness to have the people healed and protected, should they heed his voice. At this point, the implication for COVID-19 social stigma is that, for pastoral counselors, terrors such as disease, suffering, and pain do not have a place in the new creation and that the right step might be achieved only if they lead people towards a direction that would not reflect a broken world. Such actions (just as emphasized in Isaiah 25:8 and Revelations 22:3) are poised to prompt God to make all things new by wiping away every tear and rolling back the curse. A question that arises here is, with differences in the people's real-world belief systems, resource endowments, and perceptions or conspiracies about COVID-19, what strategies are worth adopting and implementing to address social stigma relative to the Bible's directive?

Theoretical Literature

In this chapter, two research questions are answered after reviewing the literature about COVID-19 and social stigma. The questions answered at this point are those that concern the interplay between COVID-19 and the incidence and prevalence of social stigma, and the impact of coronavirus-related social stigma on direct and indirect victims.

While the current priority concerning COVID-19 concerns testing and treatment, a new trend that involves stigmatization is emerging. From a study such as that conducted by TIFA Research Firm, about 23 percent of Kenyans are unlikely to mix with survivors of the virus. From the study, nearly 41 percent of parents are also less likely to have their children mix and play with survivors in their peer groups (Nott 2020: 2). Interviews with some survivors have also revealed similar cases that show that COVID-19 has caused an increase in the rate of social stigma in Kenya. For instance, a May 13, 2020 report by Daily Nation's Stella Cheronu reveals that Caroline Wanjeri, who underwent mandatory quarantine after arriving from the UK, had her friend distance themselves, even after she had been declared COVID-19 free. The social stigma was also witnessed when her family directed her to use a maize store for two more weeks, an experience that made her feel alienated (Daily Nation 2020). Another case of social stigma has been documented concerning the case of Ms. Wangui Waweru, based in Nakuru's Lanet region. Having been picked from home by a Nakuru County ambulance in the wake of the completion of a 14-day self-isolation, Ms. Waweru saw her snail business destroyed by neighbors (Daily Nation 2020). These cases tend to indicate a direct interplay between COVID-19 and social stigma on the part of direct and indirect victims of the pandemic, fueling harmful stereotypes.

On March 9, 2020, a BBC News report also pointed to evidence of social stigma related to coronavirus in Kenya. In the report, it was indicated that in one of the recently

filmed videos, a large crowd in one of Nairobi's low-income areas bullied an Asian man and woman, shouting at them to indicate that "they are coronavirus" (BBC News 2020: 1). For the Asian man, one of the stigmatization victims, in the case, he was reported to have tried to film the crowd, but on realizing that her female companion was in danger of attack, rushed to assist her. Indeed, social stigma as a side-effect of COVID-19 was evident in the encounter.

From another report by The Standard's Graham Kajilwa, most communities have not accepted recovered patients easily (The Standard 2020). In relation to the subject under investigation, it can be seen that most stories point to an increasing trend in social stigma and that due to COVID-19, the stigmatization has made most of the direct and indirect victims to be rejected and isolated by communities and families. With an increase in social stigma trends documented, other studies have concentrated on the impact of such a social vice on the lives of direct and indirect victims. For example, COVID-19 stigmatization has prompted social isolation of groups and undermined social cohesion in Kenya and other parts of the world (Hellewell, Abbott and Gimma et al. 2020: 9). Also, many family members have ended up hiding the illness in fear of discrimination. As such, many have been reluctant to seek health care services, with an increasing number also failing to adopt healthy behaviors (Holshue, DeBolt and Lindquist et al. 2020: 3). Overall, the literature reveals that with an increase in COVID-19 cases causing an increase in stigmatization (due to fear of the unknown), direct and indirect victims have faced adverse consequences that translate into compromised social cohesion in society. Thus, the need to embrace strategies that reflect lasting solutions (especially those grounded in the Bible) could not be overstated.

In Kenya, the Health ministry holds that for persons dying of or suspected to die of coronavirus, it is public health officials who handle them. The directive is aimed at avoiding some community practices that could end up increasing COVID-19 infections via physical contact. However, while the ministry could be hailed for this adherence to the guidelines preferred by the World Health Organization, which concern transporting human remains safely, the procedures between mortuaries and places of final disposition are questionable and come with social stigma to family members and other indirect victims. For the government, there has been a blatant violation of the dignity of the dead. From the Daily Nation's May 21, 2020 article, Elizabeth Merab noted that most of the dead bodies have been disposed at night, likening the procedure to that of burying a thief, rather than embrace decent burials, as well as provide room for mourning among families. A specific example was that which involved an otherwise spine-chilling viral video in which a victim was buried deep into the night in Siaya County, with family members lacking the opportunity to mourn. A few days later, two more victims would be buried inhumanely in Trans Nzoia and Bomet counties (Daily Nation, 2020). These examples depict how families of victims of COVID-19 have been denied the opportunity to have a say in the burial procedures. Hence, most of the dead people, both the

confirmed victims and those suspected to have died of COVID-19, have been treated inhumanely because of what they die from a stigmatization outcome that accounts for the eventual psychosocial problems among the remainders of the family members, friends, neighbors, and other indirect victims.

The examples above depict situations in which, in Siaya, Trans Nzoia, and Bomet counties of Kenya, COVID-19 stigmatization has been exacerbated by the rush by health officials to rush to bury the dead at night. Hence, the cultural aspects of communities to which the dead belong have been overlooked. From Merab's article, titled "Covid-19 victims deserve decent burials, experts now say," a specific illustration of social stigma arising from the health officials' burial procedures is that in which, in the country's western region, children are buried in the morning and the elderly in the afternoon, yet health officials continue to undermine this cultural aspect.

From Njange Maina's May 30th article, deemed, "Murang'a: Outrage as body of a Covid-19 victim is buried at night," a sharp contrast could also be seen regarding the handling of dead bodies, with dignity accorded to rich families, while inhumane treatments marred by discrimination continue to be the norm for direct and indirect victims from humble backgrounds (PD Online 2020). This discrimination is evidenced by a situation in which, while in Kangema, Murang'a, the dead body was disposed off at night, Moses Wetangula's brother, Antony Waswa, alleged to have succumbed to COVID-19, was given a decent sendoff (Daily Nation 2020). In the latter case, local leaders, some 60 people, and family members attended the one-hour event. At this point, the controversial approaches that the health officials and other organizers use in handling direct and indirect victims of COVID-19 compromise the cultural and religious practices of most communities. It can also be seen that the resultant coronavirus stigmatization ends up aggravating the pain that befalls the victims. Therefore, it is crucial to discern some of the ways in which professionals in pastoral care and counseling could restore decency in society, especially at this time when the need for early interventions remains urgent.

4. Results - Evaluation, Analysis, and Discussion

In this section, the evaluation and analysis of the observations in the second chapter lead to response provision to the third and the fourth research questions. The questions concern biblical insights about suffrage in society and some of the strategies that professionals in pastoral care and counseling could employ to minimize COVID-19 stigmatization. The chapter's provision of responses to these questions is based on what the Bible says about disasters and the directions to take to mend a broken world and allow for God's restoration of the norm.

At this point, three main ways are identified regarding what the Bible says, and they govern the strategies that professionals in pastoral care and counseling ought to adopt to minimize social stigma arising from COVID-19.

Firstly, there is a need to focus on the trend of facing fears. From the literature, fear, with social stigma included, involves a natural reaction to uncertain times, death, and danger (Imhoff and Lamberty 2020: 6). While some groups have responded to COVID-19 by ensuring that they care for victims and the vulnerable, others have ostracized groups such as Chinese people in the community. From a Christian perspective, it is important to drive towards charity and obedience by passing out gospel tracts, food, and face masks. This decision to face the fears implies that pastoral care and counseling professionals would have their social energy redirected from panic and anxiety to preparation and love, eventually leading the rest of the masses in the same direction. From the Bible, this recommended strategy that seeks to minimize social stigma is justified. For example, Psalms 46:1 indicates that any debilitating fears can be overcome if humans remember God as their strength and refuge in times of trouble. Also, the verse suggests that, by facing fears, humans would be better placed to respond to disasters with compassion and courage towards alleviating the needy neighbors from trouble.

The second strategy that is recommended and grounded in the Bible is that which holds that pastoral care and counseling professionals should spread the message of seeking the Lord because a disease such as COVID-19 is an occasion. This strategy is justified by two contrasting responses that of Hezekiah and Asa exhibited in relation to severe sickness. For Asa, having been in reign for 39 years, his disease in the feet became severe. In the process, however, he did not seek Yahweh's intervention. Instead, 2 Chronicles 16:12 shows that he sought the assistance of physicians. On the part of Hezekiah, he was sick and approaching the end of life stage, but still prayed to God. In turn, 2 Chronicles 32:24 demonstrates that God answered his prayer, giving him a sign in the eventuality. From these verses and the experiences of Asa and Hezekiah, the physicians' work is not necessarily criticized, but the emphasis is on the need for humans to ensure that, in sickness, they seek the Lord. For COVID-19 and social stigma, pastoral care and counseling professionals are prompted to lead masses in seeking the Lord because Asa, while he led the rest of the people in seeking God wholeheartedly and commendably, 2 Chronicles 15:12 indicates that the time of his personal need saw him rely on human experts at the expense of God. For Hezekiah, who turned to God and became tearful on a deathbed (2 Kings 20:1-7), God answered the prayer and restored his health. The tertiary effect was a prolonged life, extended for 15 more years.

The strategy of having pastoral care and counseling professionals respond to COVID-19 stigmatization by seeking the Lord is also justified by the experiences of Jehoshaphat. In the wake of troubling times when he heard about a vast army that was out to march against Judah, he set his face and sought God's intervention, eventually assembling the people and proclaiming a fast (2 Chronicles 20:3-4). Here, the message is that seeking the Lord is an ideal strategy because, regardless of the severity of coronavirus and its social stigma factor, it is God who reverses plagues and pestilences.

The third and last strategy that is recommended involves pastoral care and counseling professionals' sensitization of masses that a disaster such as COVID-19 and its associated stigmatization test people's faith and also reveal their hope. From 1 Peter 1:6-7, various trials can grieve humans, the coronavirus social stigma in this case, but they seek to test their faith's genuineness. From the apostle's position, Pastoral counsellors in contemporary society are encouraged to ensure that they help the rest of society to recognize the present struggles and sufferings of social stigma and that these problems are out not only to prove their faith but also ensure that humans are prepared for glory.

Overall, the three strategies recommended above are deemed relevant and grounded in the Bible because they seek to enable humans to understand that social stigma is prompting them to reflect on man's rebellion against an otherwise Holy God. Also, the strategies are ideal because they seek to allow audiences to understand that coronavirus-related social stigma exposes their idols and reveals their fears, inviting them to seek God's intervention urgently and deliver the broken world to an expected norm as dictated by the Bible.

5. Conclusion and Future Implications

In summary, this paper has examined the relationship between COVID-19 and social stigma, the impact of stigmatization on direct and indirect victims, biblical insights concerning suffrage in society, and some of the feasible solutions to social stigma as a vice. From the results, it can be seen that an increase in the incidence and prevalence of coronavirus has caused an increase in social stigma, pointing to a direct correlation between these variables. It has also been established that with an increase in COVID-19 stigmatization, direct and indirect victims have faced problems such as social isolation of groups, undermined social cohesion, hiding illness in fear of discrimination, and a failure to adopt healthy behaviors. From the perspective of pastoral care and counseling, three main strategies have been recommended, having been grounded in the Bible. These strategies include focusing on the trend of facing fears, spreading messages of seeking the Lord (because a disease such as COVID-19 is an occasion), and sensitization of masses that a disaster such as COVID-19 and its associated stigmatization test people's faith and also reveal their hope. By implementing these strategies, it is projected that, regardless of the incidence and prevalence of COVID-19, social stigma would be minimized in society. In the future, this paper recommends the need for more additional scholarly investigations to focus on the effectiveness of the three strategies in countering social stigma as a secondary effect touching on the lives of direct and indirect victims of COVID-19.

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