

Misrecognition, social stigma, and COVID-19

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Abstract

As social and interdependent beings, we have responsibilities to each other. One of them is to recognize each other appropriately. When we fail to meet this responsibility, we often stigmatize. In this paper, I argue that the COVID-19-related stigmatization is a variation of the lack of recognition understood as an orientation to our evaluative features. Various stereotypical behaviors regarding COVID-19 become stigmatized practices because of labeling, stereotyping, separation, status loss and discrimination, and power. When people stigmatize COVID-19 victims, they orient themselves to their evaluative quality of being vulnerable to the SARS-CoV-2 virus by internalizing the victims as dangerous, understanding them as separable, and being motivated to act with them differently. All this causes the COVID-19 victims to lose status and suffer discrimination for which they do not experience participatory parity in different facets of their lives, rendering the COVID-19-related stigmatization an appalling example of misrecognition.

KEYWORDS

Bangladesh, COVID-19, healthcare, misrecognition, SARS-CoV-2, stereotype, stigma

1 | INTRODUCTION

For being social and interdependent, we need each other for our well-being. Since the beginning of our existence, we depend on others, for example, for our food and survival.¹ We also need people to be shaped as individuals livable in a society in which we find ourselves.² Because of the varying nature of our dependencies, we form a network of relationships with various people. But to regulate these interdependent relationships, we have to follow various customs of society. One of these customs is to meet our responsibilities to each other through offering due recognition to others which is an important feature of a thriving community. But the failure to meet the normative expectation of recognition as members of society leads to various practices of dehumanization and discrimination. The

central theme of this paper is that one of these practices is stigmatization which is, in fact, a variation of misrecognition. To be precise, in this paper, I offer an original account that argues that various stigmas seen during the ongoing COVID-19 pandemic are instances of a deep-rooted societal problem of misrecognition.³

To this end, I divide the paper into three sections: the first two are theoretical, and the third will apply this theory to a specific context. In the first section, I offer, albeit very briefly, an account of recognition. I end this section with a definition of recognition that I believe is comprehensive but still in need of more explanation than I offer in this paper. The second section is a succinct attempt to connect this definition of recognition with the standard understanding of social stigma. This section intends to show how social stigma can be defined based on the earlier definition of recognition. The last section exemplifies how the COVID-19-related stigmas are instances of misrecognition, offering a few cases from Bangladesh's

¹Sloman, S., & Fernbach, P. (2017). *The knowledge illusion: Why we never think alone* (pp. 109–110). Riverhead Books.

²Elias, N. (1991). *The society of individuals*. In M. Schröter (Ed.), Translated by Edmund Jephcott (p. 22). Continuum. Baier, A. (1985). *Postures of the mind: Essays on mind and morals* (p. 90). The University of Minnesota Press.

³Note that when I speak of misrecognition in the paper, I refer to any of the following: failure of recognition, lack of recognition, excessive recognition, non-recognition, misrecognition, and the like.

context. In this paper, I single out the Bangladesh context⁴ to illustrate cases of misrecognition of COVID-19-related stigmas, although the prevalence of such misrecognition is not peculiar to only Bangladesh. The use of a single context is justified because it prevents the study from being excessively simplistic since it acknowledges the variety of situations in which misrecognizing incidents occur.⁵ Utilizing illustrations from Bangladesh, it is shown that a society that is already torn by various levels of discrimination is a breeding ground of social stigma and misrecognition.

2 | RECOGNITION DEFINED

Recognition may be defined as one's orientation to others' evaluative features.⁶ When we orient ourselves to something, we do the following: commit to others' evaluative qualities, internalize the relevant reasons, realize the relevant responsibilities, motivate to fulfill these responsibilities, and show subsequent appropriate behavior.⁷ These five are the necessary stages of recognition. The absence of any of them implies the failure to recognize.

Consider, for example, that Maria, a 7th-grade student, needs special attention to be better in mathematics. Her teacher, Alam, commits to the fact that Maria needs special care to do well in mathematics. But committing to Maria's this feature is not enough for recognizing. Alam needs to check in each of the other stages of recognition. He has to internalize the normatively relevant reasons supported by Maria's need for special care. This stage involves weighing various reasons and select one which is more weighty than the others. When one has an internalized commitment to someone's evaluative feature, we may say that she now knows that evaluative feature. In our example, Alam now knows that Maria needs special attention to do better in mathematics. But knowing is not doing. To do something, we

need to realize what our relevant responsibilities are. In our example, Alam needs to know what he should do to help Maria better in mathematics, which may include giving her more time beyond regular classes, assigning more homework, among other things. However, we know a lot of things in our daily life without feeling motivated to act accordingly. For acting on what Maria needs, Alam must have motivational emotion. If Alam is not motivated to behave responsibly to Maria's need for special attention, he fails to recognize Maria's evaluative quality. Again, we often know why and what we need to do. We also become so motivated to act appropriately. But knowing and motivating to act are not the same. Alam may know and feel motivated to help Maria. But he may have competing motivation. He may have a more substantial reason to engage with a different feature, as it often happens in the teacher-student relationship. Though Maria needs special attention, Alam may feel that he has done all things he can do to help Maria in exchange for the money the school he works in pays him. It shows that knowing that we have responsibilities concerning an evaluative feature does not mean that we have fulfilled those responsibilities. The externalization of these responsibilities through actions is required for successful recognition. One way of externalizing our internalization is socialization, through which people constantly learn others' evaluative qualities.

The acts of recognition occur when an appropriate connection between commitment, internalization, realization, motivation, and externalization comes off through the process of socialization. Hence, the relations of recognition should be viewed as "a bundle of customs that, in the process of socialization, are linked to revisable grounds for the value or worth of other persons."⁸ The legitimacy of a particular custom of valuing an evaluative feature depends on its contribution to societal well-being. If, for example, a society values a specific skin color, then people with different skin colors will have no or less opportunity to thrive, which makes such a custom illegitimate. To determine whether an evaluative quality should be recognized, Axel Honneth, a pioneer of recognition theory that follows Hegelian tradition, proposes the following criterion: "it is the increases in individuality and social inclusion that jointly indicate progress in social acts of recognition."⁹ If a new evaluative quality advances individuality and social inclusion, it deserves to be recognized. This point becomes more apparent if we accept Nancy Fraser's, an anti-Hegelian pioneer of recognition theory, a criterion of participatory parity – understood as the general meaning of justice that requires "participating on a par with others, as full partners in social interaction"¹⁰ – to determine the legitimacy of a recognition claim. According to her, "only those claims that promote participatory parity

⁴Mahmud, A., & Islam, M. R. (2020). Social stigma as a barrier to Covid-19 responses to community well-being in Bangladesh. *International Journal of Community Well-Being*. Advance Online Publication. <https://doi.org/10.1007/s42413-020-00071-w>

⁵Huda, K. A. S. M. N. (2021). Micro-credit NGOs and strategic trust: An odd couple? *Business ethics, the environment & responsibility*, 30(3), 360–377. Modood, T., & Thompson, S. (2018). Revisiting contextualism in political theory: Putting principles into context. *Res Publica*, 24(3), 339–357. Ojong, N., & Simba, A. (2018). Trust-building mechanisms in group-based microfinance: A Cameroonian perspective. *Forum for Social Economics*, 49(2), 180–201.

⁶This definition of recognition is different from Ikkäheimo's: "recognition is a process where a person attributes in her attitudes certain relevant attributes to another person – whether in explicit speech acts, or implicitly in her overall orientation in the shared world – and the other person has a positively evaluative attitude towards the attribution, or 'accepts' it." See Ikkäheimo, H. (2002). On the genus and species of recognition. *Inquiry: An Interdisciplinary Journal of Philosophy*, 45(4), 447–462. It is also different from Laitinen who understands the act of recognition as a response to already independently existing evaluative features that "give us *prima facie* reasons to treat them in ways consistent with their value." See Laitinen, A. (2002). Interpersonal recognition: A response to value or a precondition of personhood? *Inquiry: An Interdisciplinary Journal of Philosophy*, 45(4), 463–478. The differences between my definition of recognition and theirs need a separate discussion that I avoid here for the sake of brevity.

⁷Raz offers a model that discusses the three-stage response to value. See Raz, J. (2001). *Value, respect and attachment* (pp. 161–164). Cambridge University Press. Laitinen also has a four-stage process of recognition of value. See Laitinen, A. (2006). Interpersonal recognition and responsiveness to relevant differences. *Critical Review of International Social and Political Philosophy*, 9(1), 47–70.

⁸Honneth, A. (2002). Grounding recognition: A rejoinder to critical questions. *Inquiry: An Interdisciplinary Journal of Philosophy*, 45(4), 499–519.

⁹Honneth, op. cit. note 6, p. 511.

¹⁰Fraser, N. (2007). Re-framing justice in a globalizing world. In T. Lovell (Ed.), *(Mis)recognition, social inequality and social justice: Nancy Fraser and Pierre Bourdieu* (pp. 17–35). Routledge. Fraser, N. (2009). *Scales of justice: Reimagining political space in a globalizing world* (p. 16). Columbia University Press.

are morally justified.¹¹ Intuitively, if a criterion supports autonomy and inclusion, it can incorporate them. For this reason, on the surface, the standard of parity of participation has the theoretical clout to encompass the standards of individuality and social inclusion that Honneth employs to measure the legitimacy of a recognition claim. Despite having many differences in their details of the standards – i.e., participatory parity and individuality and social inclusion, at least apparently, they do not seem conflicting. In this article, I do not intend to flesh out their differences. What I intend is to say is that there are criteria in the recognition literature that we can use to determine whether recognition of an evaluative feature is justified or not.

In this paper, the norm I prefer to determine the legitimacy of a recognition claim is participatory parity that can, without much complication, easily respond to the question of why recognition is a moral action. If we merely say that our acts of recognition of someone's evaluative qualities are justified because, in so doing, we commit ourselves to the facts of the world, it is not enough because mere commitment to the fact does not deliver the required force of the normative oughtness of the action. Many things are facts, still committing to them is normatively trivial. For example, we commit to the fact that Kabir is wearing a red shirt. It is morally insignificant because wearing a red shirt does not (usually) impede others' parity of participation. Since the acts of recognition are "oriented not towards one's own aims but rather towards the evaluative qualities of others,"¹² others' evaluative qualities should be considered in determining the morality of recognition that are valuable so long they promote participatory parity. It shows that our acts of recognition are moral because they "constrain our actions in a non-egoistical manner"¹³ that contribute to individual and collective well-being by promoting parity of participation.

Since the norm of participatory parity requires everyone's participation as peers in social interaction, it turns our attention to an issue that I am yet to discuss: whether and how one's evaluative qualities are structural. Cultural, economic, and political structural features influence our recognition of others' evaluative qualities. Our recognition of others' evaluative qualities is structural because it is constrained by various economic, cultural, and political factors that work in the background dictating what to be recognized and what not. Hence, misrecognition as a complementary idea of recognition can not only occur in the five stages I mentioned above, but it can also take place at the level of structures by denying one's status as a full partner in social interaction. Considering all this, recognition can be defined as an orientation to others' evaluative qualities that, when appropriately internalized, one's value system rationally motivates him to avoid treating others wrongfully, and he externalizes this motivation by acting accordingly, overcoming or compensating for structural elements when they are unfavorable.

¹¹Fraser, N. (2003). Social Justice in the age of identity politics: Redistribution, recognition, and participation. In N. Fraser, & A. Honneth (Eds.), *Redistribution or recognition? A political-philosophical exchange* (pp. 7–109). Translated by J. Golb, J. Ingram, & C. Wilke. Verso. Fraser, N. (2001). Recognition without ethics? *Theory, Culture & Society*, 18(2–3), 21–42.

¹²Honneth, op. cit., note 6, p. 513.

¹³Ibid.

3 | SOCIAL STIGMA

The above-mentioned understanding of recognition is conducive to the conceptualization of social stigma. Stigma may be seen as establishing a relationship between an attribute to a negative stereotype, as a result of which this attribute is considered "deeply discrediting."¹⁴ The possessor of the attribute is considered less desirable and "quite thoroughly bad, or dangerous, or weak."¹⁵ Thus, he is reduced "from a whole and usual person to a tainted, discounted one."¹⁶ The social response to this *unwanted* discrepancy is *stigmatization*¹⁷ because of which the stigmatized person suffers from "spoiled identity" that "has the effect of cutting him off from society and from himself so that he stands a discredited person facing an unaccepting world."¹⁸ As Solanke explains, "Identity is spoiled in social settings because stigma 'obtrudes' itself in the process of social interaction, overwhelming all other attributes and causing people to turn away from the holder of the stigma."¹⁹

Social stigma exists when the following five elements coexist: "labeling, stereotyping, separation, status loss, and discrimination occur together in a power situation that allows them."²⁰ Our typical practice or custom is to distinguish one thing from the other and label it accordingly. It forces us to determine norms that dictate how to carry out the social selection of human differences. However, all societies have this labeling practice, but they vary in what is labeled as bad or good because economic, cultural, and political conditions vary according to time and place. Following the common practice of valuation, labeled differences are often associated with negative stereotypes automatically.²¹ The persons who have "perceived undesirable attributes,"²² such as disability, disease, being black, and so on, are considered different from 'us,' and they are not "really human." Due to otherization, a 'different' person is "reduced in our minds from a whole and usual person to a tainted, discounted one."²³ Due to this dehumanization, "a labeled person experiences status loss and discrimination."²⁴ As a result, stigmatized persons are inherently disadvantaged with respect to life chances such as income, education, well-being, and the like. The first inevitable consequence of successful negative labeling and stereotyping is a status loss which is "a general downward placement of a person in a status hierarchy" that occurs when "[t]he person is connected to undesirable characteristics that his or her status in the eyes of the stigmatizer."²⁵

¹⁴Goffman, E. (1963). *Stigma: Notes on the management of spoiled identity* (p. 3). Prentice-Hall, Inc.

¹⁵Ibid.

¹⁶Ibid.

¹⁷Solanke, I. (2017). *Discrimination as stigma: A theory of anti-discrimination law* (p. 25). Hart Publishing.

¹⁸Goffman, op. cit. note 14, p. 19.

¹⁹Solanke, op. cit. note 17, p. 25.

²⁰Link, B. G., & Phelan, J. C. (2001). Conceptualizing stigma. *Annual Review of Sociology*, 27, 363–385.

²¹Ibid: 369.

²²Green, G. (2009). *The end of stigma? Changes in the social experience of long-term illness* (p. 20). Routledge.

²³Goffman, op. cit. note 14, p. 3.

²⁴Link & Phelan, op. cit. note 19, p. 370.

²⁵Ibid: 371.

However, stigma does not occur without the presence of power, be it social, economic, and political.

Connecting this understanding of social stigma with my previous conceptualization of recognition, we can say that social stigma as a variation of misrecognition is our orientation to one's evaluative qualities, such as disability, disease, being black, and so on in ways that when internalized as less desirable, we become motivated to treat the persons with these qualities wrongfully and externalize this motivation by acting accordingly influenced by various unacceptable structural elements.

However, though the current account given of stigma suggests that stigma is always wrong, it does not imply that we should understand our dislike for, for example, a person for having a significant inclination to murder as a stigma. When we despise a killer or a person with a strong proclivity for murder, all five elements of social stigma do not coexist. When we correctly label a murderer as a murderer or a person as possessing a murderous mentality, it is at the very least not a case of discrimination. Hence, despising someone for having a strong desire to murder is not the same as stigmatizing them; it is at most a form of labeling. For this reason, the question of whether stigmatizing a person for having a significant inclination to murder is right or wrong should not be raised. Instead, we should consider whether we are right to despise someone for having a significant inclination to murder. Nevertheless, the answer to this question falls beyond the scope of this paper.²⁶

4 | MISRECOGNITION AND SOCIAL STIGMA DURING THE COVID-19 PANDEMIC

During the ongoing COVID-19 pandemic, many people stigmatize COVID-19 patients and their families in Bangladesh.²⁷ In the rest of the paper, I show how this process of stigmatization is an instance of misrecognition. In the first section, I explain the five stages of recognition. Cases of misrecognition may occur in any one of these stages. When we fail to notice (and thus commit to) others' evaluative features, internalize their normative relevance, realize responsibilities, be motivated to act, or externalize through actions, an instance of misrecognition transpires. If it can be shown that our stigmatization related to COVID-19 is located in any one of these stages of (mis)recognition, it can be successfully claimed that COVID-19 stigma in Bangladesh is an instance of misrecognition.

Why do we stigmatize COVID-19 patients and their families? Bangladesh is a land of scarce resources in many respects of our daily life. The healthcare sector is possibly one of the most critical areas where the gap between the supply and demand for resources is

distinct.²⁸ It leads to various discriminatory practices in this sector, which are intensified and vividly exposed during the COVID-19 pandemic.²⁹ Due to discrimination, people become skeptical about getting treatment once they get infected by the SARS-CoV-2 virus responsible for COVID-19 disease.³⁰ This skepticism about the healthcare sector may grow a sense of fear and anxiety about their lives. So, whenever they see victims of COVID-19,³¹ they automatically become aware of them and label them as a threat to their life. It implies that the evaluative feature of a person being sick is seen as a threat to life. Rather than seeing the victims with loving care, they are believed to be a threat to life.³² This labeling is further accentuated when they are automatically internalized as reasons to avoid by many people. This internalization of the reason for avoidance is done through establishing an association between labeling and negative stereotype of the COVID-19 patients as dangerous. This automatic association between labeling the COVID-19 victims as a threat to life and stereotyping them as dangerous makes people aware of what they must do to them. Since the COVID-19 victims carry an undesirable and dangerous attribute, they are to be avoided. This realization prompts many non-carriers of the virus to otherize the carriers by saying that the latter is 'different' from the former.

This discussion shows that the first three stages of (mis)recognition are parallel to the first three components of social stigma. As people are suspicious about whether they can get treatment once they become infected with the SARS-CoV-2 virus, often they commit to the COVID-19 patients as if they are threats to their existence. Thus, the first instance of misrecognition can be located in our understanding of the COVID-19 victims as having undesirable and dangerous attributes and hence, unworthy of loving care. When we label them in this way, we internalize relevant reasons for avoiding them in ways that demonstrate no loving care at all, revealing the second location of misrecognition of the COVID-19 victims. As said, this internalization of the reason for avoidance is a consequence of an association between labeling and negative stereotype of the COVID-19 patients as dangerous. However, sometimes this association is so automatic that we misrecognize and unnecessarily label something as a threat to life. This is what happens with the COVID-19 patients. Thus, instead of following simple COVID-19 preventive measures that encourage social/physical distancing from SARS-CoV-2 infected persons, given the concerns they pose to public health, we mistreat them. In this connection, it is important to note that COVID-19 preventive measures that encourage social/physical distancing from SARS-CoV-2 infected persons should not be confused with COVID-19-related stigma misrecognition. Instead, these measures should be seen as an expression of loving care, which

²⁶I thank an anonymous reviewer of the journal for raising this issue.

²⁷Shammi, M., Bodrud-Doza, M., Islam, A. R. M. T., & Rahman, M. M. (2020). COVID-19 pandemic, socioeconomic crisis and human stress in resource-limited settings: A case from Bangladesh. *Heliyon*, 6(5), 1–12.

²⁸Al-Zaman, M. S. (2020). Healthcare crises in Bangladesh during the COVID-19 pandemic. *The American Journal of Tropical Medicine and Hygiene*, 103(4), 1357–1359. Hossain, F. (2020). Moral distress among healthcare providers and mistrust among patients during COVID-19 in Bangladesh. *Developing World Bioethics*. Advance Online Publication. <https://doi.org/10.1111/dewb.12291>; Shammi et al., op. cit. note 25, pp. 2–3.

²⁹Al-Zaman, op. cit. note 28, p. 1; Hossain, op. cit. note 28.

³⁰Hossain, op. cit. note 28.

³¹Mahmud, & Islam, op. cit. note 4.

³²Ibid.

is a form of recognition.³³ Besides, when we internalize the reasons for avoiding the COVID-19 victims, we realize what we should do to prevent ourselves from becoming infected. Unfortunately, because we otherize the SARS-CoV-2 virus carriers by saying that they are 'different' from 'us.' This realization becomes a practice of misrecognition, revealing the COVID-19 victims' third location of misrecognition.

So far, it is shown that the first three stages of (mis)recognition have a parallel presence with the first three components of social stigma. The fourth element of social stigma is parallel to the last two stages of (mis)recognition in the context of COVID-19 stigmatization in the following way. Once the COVID-19 victims are otherized and identified as dangerous and different, people become motivated to treat them differently. In other words, since the COVID-19 victims are different from us in that they are dangerous, we often feel motivated to treat them in ways that show no loving care, indicating the presence of the fourth stage of misrecognition. When we can show that something is different from us, we no longer feel uncomfortable treating it differently. Different things deserve differential treatments. Hence, being different from someone not infected by the SARS-CoV-2 virus, the virus non-carriers are motivated to treat the carriers differently. As a result, the victims of this virus are dehumanized and experience status loss and discrimination, confirming the presence of the fifth stage of misrecognition. We see various instances of such status loss and discrimination during the COVID-19 pandemic in Bangladesh. These instances are only a few of an infinite number of cases happening every day during the pandemic in Bangladesh. But they are sufficient to testify to my claim that the COVID-19 victims lose their status and fall prey to discrimination to the extent that in Bangladesh, they suffer disadvantages with respect to their well-being and treatment by having less access to various resources and facilities related to healthcare and others.³⁴ For example, various instances reported in numerous national dailies of Bangladesh suggest that many house owners and apartment managing committees prohibit tenants and residents who are the COVID-19 victims and doctors from entering their houses and apartments.³⁵ This is an example of discrimination at the individual level. But various instances of structural discrimination are also reported. For example, the government creates the VIP quota for COVID-19 treatment.³⁶ Also, it is almost impossible for many to get an ICU bed in public hospitals if they do not connect with influential people, as the number of ICU beds across the country is very insufficient.³⁷ Various reports also show that many doctors and hospitals decline to treat COVID-19 patients.³⁸ In multiple newspapers, a report was

published that her children left a mother in a jungle once she was identified with the COVID-19 symptoms.³⁹ These show the presence of internalized discrimination in Bangladesh during the COVID-19 pandemic. Because of these various experiences of discrimination in healthcare and other areas of everyday life, people develop what Pinel⁴⁰ calls "stigma consciousness," for which they form an expectation that they may not get treatment once they are identified as COVID-19 victims. It shows that the existing discriminatory environment in Bangladesh breeds COVID-19-related stigma. This stigmatized environment promotes more discrimination. It can easily be said that there is a causal connection between discrimination and social stigma. Also, as social stigma is a variation of misrecognition, it is not an exaggeration to claim that the same causal relation exists between misrecognition and discrimination.

Nevertheless, the last element of social stigma is power, without which no component of it would reach the level of social stigma.⁴¹ Concerning recognition, I have said that such structural conditions as cultural, economic, and political work in the background to influence us to (mis)recognize certain people's evaluative qualities. In fact, none of our acts of recognition happens without being conditioned by the structural elements. If there were no structural elements that play a role in our acts of recognition, these acts would become contentless. In other words, various structural elements provide us with content. Different societies have different patterns of cultural, economic, and political elements for which different societies value different evaluative qualities. As mentioned, being a COVID-19 victim is an evaluative quality that should be treated with loving care. Instead, as various examples discussed above show, in Bangladesh, they are stigmatized for which they do not have the same access to care for their disease as other people. Also, in non-health sectors, they are dehumanized, which is certainly not a feature of enjoying participatory parity. Such denial of participatory parity due to stigmatization substantiates my claim that COVID-19-related stigmas in Bangladesh and social stigmas as a whole are instances of misrecognition that come into existence due to the presence of power, be it cultural, economic, and political.

As mentioned, many COVID-19 preventive measures encourage social/physical distancing from SARS-CoV-2 infected persons, given the concerns they pose to public health. Is this, in fact, a mistake? We should remember that these positive preventive measures should not be confused with COVID-19-related stigma misrecognition. Instead, these measures should be viewed as an expression of loving care, which is a form of recognition, since they are not intended to discriminate against a COVID-19 victim by denying him access to the healthcare system. Misrecognition through stigmatization happens when we internalize a COVID-19 victim as dangerous, understand him as separable, and are motivated to behave with him in ways that

³³See the last paragraph of the current section.

³⁴Hossain, op. cit. note 28.

³⁵Mahmud & Islam, op. cit. note 4.

³⁶Sheikh Russel Hospital to Treat VIP Patients. (2020, April 23). New Age Bangladesh. Retrieved April 15, 2021, from <https://www.newagebd.net/article/104929/sheikh-russel-hospital-to-treat-vip-patients>

³⁷Hossain, op. cit., note 28.

³⁸Hossain, op. cit., note 28; Swazo, N. K., Talukder, M. N. H., & Ahsan, M. K. (2020). A duty to treat? A right to refrain? Bangladeshi physicians in moral dilemma during COVID-19. *Philosophy, Ethics, and Humanities in Medicine*, 15.

³⁹Mahmud & Islam, op. cit. note 4.

⁴⁰Pinel, E. C. (1999). Stigma consciousness: The psychological legacy of social stereotypes. *Journal Personality and Social Psychology*, 76(1), 114–128.

⁴¹Link & Phelan, op. cit. note 19, p. 376.

dehumanize him and are discriminatory.⁴² Thus, my reply to the question, “why misrecognition of the COVID-19 victims is wrong?” is: it is wrong because the presence of institutionalized patterns of economic, cultural, and/or political values causes unjust treatment of them in social interaction. Furthermore, this misrecognition is unjustified because it cannot ensure parity of participation. Thus, in my view, because of institutionalized patterns, whether cultural, economic, or political, the COVID-19 victims are regarded as “the other,” inferior, or excluded, remain bereft of having access to the healthcare system, and may become victims of further misrecognition.

5 | CONCLUSION

This paper shows that the COVID-19-related stigmatization is a variation of the lack of a more deep and normative practice of recognition understood as an orientation to our evaluative features. Various of our stereotypical behaviors regarding COVID-19 become stigmatized practices because of the presence of all elements of social stigma – labeling, stereotyping, separation, status loss and discrimination, and power. These components testify that the COVID-19-related stigmatization is misrecognition. When people stigmatize a COVID-19 victim, they orient themselves to his evaluative quality of being vulnerable to the SARS-CoV-2 virus by internalizing the victim as dangerous, understanding him as separable, and being motivated to act with him differently.⁴³ All this leads the stigmatizers to act in ways that cause the COVID-19 victims to lose status and suffer discrimination for which they do not experience participatory parity in different facets of their lives,

rendering the COVID-19-related stigmatization an appalling example of misrecognition.⁴⁴

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CONFLICT OF INTERESTS

None to declare.

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⁴²I would like to thank an anonymous journal reviewer for bringing this issue to my attention.

⁴³But this is not to claim that COVID-19 preventive measures that encourage social/physical distancing from SARS-CoV-2 infected persons, given the concerns they pose to public health, are COVID-19-related stigma misrecognition. For details, see the last paragraph of the last section.

⁴⁴This paper is an improved and scholarly version of a more popular article intended as public philosophical outreach. See Huda, K. A. S. M. N. (2020). Discrimination, social stigma, and COVID-19. In M. Nuruzzaman (Ed.), *World Philosophy Day 2020 Souvenir* (pp. 47–51). Department of Philosophy and Dev Center for Philosophical Studies, University of Dhaka.