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Long COVID-19, persistent somatic symptoms and social stigmatisation





We applaud the efforts of van Daalen *et al* to raise awareness about social stigma towards COVID-19.¹ The authors provide multiple examples of how social stigma is harmful for COVID-19 containment on a global scale, as well as on an individual level. The infectious nature of COVID-19 ensures that social stigmatisation of patients is rooted in a fear of contagiousness, accompanied by beliefs that patients are to blame, and thus responsible, for their disease. These feelings of blame towards patients often perpetuate after recovery.¹ The phenomenon of perpetuated blame is especially salient given the longevity of COVID-19 symptoms in some patients after their infection has cleared: long COVID-19. Although the definition of long COVID-19 remains debatable, it is generally accepted that long COVID-19 is defined by persistent symptoms that are still reported 3 weeks post-infection.² People that have recovered from COVID-19, but are still experiencing symptoms are no longer contagious. However, they still can be stigmatised by bystanders and healthcare professionals.

Long COVID-19 bears a resemblance to functional somatic syndromes characterised by persistent somatic symptoms of unclear aetiology. Such syndromes often develop after an eliciting trigger, such as a viral infection. However, at the moment of symptom reporting, no clear somatic abnormalities can be found despite sound history taking and diagnostic investigation. The absence of detectable bodily abnormalities in people affected by persistent somatic symptoms facilitates stigmatisation. This stems from dualistic thinking, that is, the body-versus-the-mind idea, which allows others, including healthcare professionals, to assume patients should 'toughen up' as apparently nothing is physically wrong.³ Thus, in persistent somatic symptoms social stigmatisation stems from the psychosomatic connotation of symptoms: the blame projected towards people affected by persistent somatic symptoms refers to the perceived inability of people to waver their symptoms.⁴ These negative attitudes are likely to negatively impact help-seeking behaviour for these symptoms as is commonly seen in other (infectious) diseases.⁵

Actions to mitigate and to avoid social stigmatisation in people affected by persistent somatic symptoms




What is social stigmatisation of people affected by persistent somatic symptoms?

A social process in which people accept, endorse or enact negative attitudes, characterized by exclusion, rejection, blame and devaluation, towards people affected by persistent somatic symptoms.

-  Do not automatically assume a psychological cause for persistent somatic symptoms in the absence of detectable pathological abnormalities.
-  Avoid dualistic thinking: health is always an interplay between somatic and psychosocial factors, in persistent somatic symptoms and chronic disease.
-  Avoid the attribution of blame: anyone may experience persistent somatic symptoms.
-  Be aware of trivializing people's persistent somatic symptoms and show empathy.

What are the consequences of social stigmatisation?

Social stigmatisation may hamper healthcare-seeking behaviour and treatment, resulting in a worse general health and a lower quality of life. It also creates a vicious circle in which negative attitudes towards affected people persist.

-  Do not judge the personal narratives of people affected by persistent somatic symptoms: experiences of symptoms and routes to recovery may differ between individuals.
-  Educate yourself on persistent somatic symptoms from trustworthy sources.
-  Support those with persistent somatic symptoms.

Based on Van Daalen *et al.* (2021) and WHO's, IFRC's and UNICEF's collaborative COVID-19 stigma guide

Figure 1 Actions to mitigate and to avoid social stigmatisation in people affected by persistent somatic symptoms.

We agree with van Daalen *et al* that social stigmatisation is a risk factor in COVID-19 mitigation. However, we should not overlook social stigmatisation of people affected by persistent somatic symptoms by bystanders and healthcare professionals. Stigmatisation should be avoided, as it negatively influences health-seeking behaviour and quality of life of those affected. **Figure 1** describes potential steps on an individual level that ameliorate social stigmatisation towards people affected by persistent somatic symptoms, which is particularly urgent given the predicted increase of people affected by long COVID-19.

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