Fluctuation And Adjustment of Regional Stereotypes Under Intersectional Stigma

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Stigma can significantly reduce both the competence ratings and the warmth scores of the stigmatized. Using content analysis and structured interviews, this study looks at the process and results of multiple stigma nesting from the perspectives of regional stereotypes and epidemic development of Covid-19. In the study, three regions with different competent evaluations are selected to investigate the changes of regional stereotypes in the pandemic. The research finds that (1) disease stigma influences the warmth dimension and the region's competence score determines the orientation of warmth dimension and its resilience; (2) The effect of infectious disease stigma on regional stereotypes depends on the characteristics of the original local stereotypes. In low competence stereotype region, the infectious disease stigma will be combined with the original negative stereotype content to form intersectional stigmatization and intensify the exclusion reaction of outgroups. In high competence stereotype region, infectious disease stigma may boosting enthusiasm scores, as a result of local appropriate and successful response to the epidemic. Policy recommendations are provided for future related issues.

Key Words*: regional stereotype; stereotype content model; disease stigma*

1. INTRODUCTION

The outbreak of acute infectious diseases will bring serious harm to society. Infectious and pathogenic diseases, which were not well known, make it easy for the epidemic center to become the focus of public opinion, while those who are infected with the disease suffer the stigma of the disease. With the development of medical technology, people can treat acute infectious diseases, but its stigma remains an important factor that hinder the treatment of diseases. During the process, the information obtained indirectly through hearsay and media presentation not only reflects the stereotype of the outgroups, but also is the cause of the formation of the regional stereotype of outgroups. Disease stigma affects regional stereotypes differently, and in the face of disease stigma, certain regional stereotypes may be reinforced or suppressed along with their association with Disease Stigma. This study selected three typical cities of COVID-19 outbreak to explore the process of interrelation between disease stigma and regional stereotype. The changes in regional stereotypes during the epidemic in these three cities corresponded to three categories: negative, positive and neutral. And it is concluded that specific city types may affect the mechanism of stereotype fluctuation.

2. THE ECOLOGY OF STIGMA INTERSECTION AND REGIONAL

STEREOTYPES

(1) Stigma and Intersectional Stigma

The concept of *Stigma* was first proposed by Goffman to explain the *Disrepute* characteristic of individuals who are different from others.[1]. Social stigma, which is socially constructed, is generally manifested through stereotypes, prejudice and discrimination. When factors such as labels, stereotypes, separations, loss of status and discrimination come together in an environment of power that allows these processes to unfold, there's a stigma[2]. Discrimination and the threat of stereotypes are concrete results of this effect[3].

Labeling theory is one of the main theories to explain the emergence of stigma as a result of the social environment that puts the stigmatized group at a disadvantage[4]. According to the Link revision concept, when a group carries a label, the group itself is more likely to be in the context of separation, stereotyping, loss of status and so on, and more likely to be stigmatized.

In a given situation, different stigma labels work together, resulting in cross-stigma.

(2) Disease Stigma

The disease is an important source of stigma. Christian Crandell points out that the degree of disease stigma depends on three factors: rarity, danger and responsibility[9]. The risk of infectious disease is higher than non-infectious diseases especially for people who come into contact with people with the disease, and if a disease is highly contagious, people tend to avoid it by rejecting, which creates a stigma. When people perceive an infectious disease, they attribute it to the origin of the disease and the patient.. If the cause of the disease is controllable, the group will be stigmatized[10]. AIDS has long been the focus of infectious diseases stigma because of its special transmission, great harm and intersection with special groups. Previous studies have suggested that stigma is based on stereotypes, that the content of stereotypes can influence the generation of stigma, and that negative stereotypes can be processed over time and eventually lead to stigma.

(3) Regional Stereotype and Stereotype Content Theory

Regional stereotypes are stereotypes based on regional differences. At present, there is little research on regional stereotype in China. Zou Qingyu examined the characteristics of unconsciousness, automatization, multiprocessing, multi-direction and hard to eliminate of regional stereotype by experiment[15].

The basis of stigma is stereotype. The analysis of stereotype content is helpful to understand the cause and content of the stigmatization[18]. The stereotype content model presents two main dimensions: competence and warmth, but further refinement is needed to achieve a more accurate analysis.

3. METHODS

This paper adopts text analysis and structured interviews as the main method of data collection. Three outbreaks in W, H and B cities were analyzed in this study. The city of W is the area with the earliest outbreak of COVID-19, and is also the most seriously affected city. However, the spread of the disease in the early stage of the epidemic caused a more serious impact. City H was the first area to experience a rebound. The outbreak rebound in city H first occurred among families at family dinners, and then was severely affected by nosocomial infections. The rebound in City B was centred on the market, where the virus was found on the packaging of food imported from the market. The epidemic situation in B city was under control quickly. During the epidemic period, the appearance of a "Xicheng Daye" brought a lot of positive influence to people's impression of the situation in B. The subjects selected for this study were residents from non-outbreak areas and residents from outbreak areas. Of those surveyed, all had been to B city, while H city was the least visited. This study will mainly analyze the related issues by analyzing the interview data. The interviews are about the three

outbreaks, asking respondents about their experiences and feelings of the three outbreaks, and their impressions of the three areas before the outbreak.

4. MECHANISM OF INTERSECTIONAL STIGMATIZATION IN EPIDEMIC AREAS

According to Stereotype Content Theory, People's stereotypes are combinations of two dimensions: warmth and competence. When conceiving another group, people will comfirm the group's relative status by judging their ability at first, then judge from the warmth dimension to decide the way they treat the group. Regional stereotypes can also be extended from the perspective of warmth and competence.

(1) Regional Stereotypes and competence

The stereotypes in competence dimension are formed chronically. In the regional stereotypes that this study focuses on, the competence dimension refers to the ability of different regions to deal with public health events, this is related to people's cognition of the level of economic development, medical condition and administrative efficiency. For W City, the sudden outbreak of acute infectious diseases is difficult for people without relevant knowledge to quickly mobilize the corresponding knowledge, also can not be used to carry out cognition, so the competence dimension of W city is relatively neutral.

As for City H and City B, in the previous knowledge about the epidemic situation in City W, people gained the knowledge about the influence of economic, medical level and administrative efficiency on the epidemic control, so people make judgments based on previously perceived competence. In the interviews, the interviewees generally believe that city B has higher competence and city H has lower competence. People's different perceptions of the two places'abilities are mainly based on personal experience or judgment based on the political status and economic development level.

(2) Disease stigma and emotional change

Diseases change the warm dimension of stereotypes of epidemic areas. Concluded from the interviews, people began to stigmatize a certain area on the basis of disease stigmatization. The sudden onset of COVID-19 puts people in a general state of fear and anxiety, and people tend to reject factors that they believe are associated with the virus, such as and things associated with the outbreak area -- they're all labeled as relevant. This strong negative emotion makes the stereotype of epidemic area in the warm dimension of the content model in the low-warm zone.

But people's negative emotions will decrease with time and the improvement of the individual's cognitive level of the virus. People's exclusion of the factors related to the post-epidemic areas are also decreasing, and negative feelings gradually decrease, even generate sympathy. In the early days of the outbreak, there was a general feeling of anxiety and fear among those interviewed. As time went on and the effects of epidemic control gradually showed, people gradually increased their knowledge of the virus, their fear and anxiety began to subside, indicating that the warm dimension of stereotypes gradually biased toward the positive.

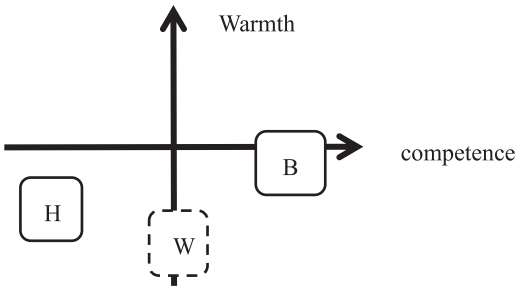

Fig1. Stereotype pattern of epidemic area

In people's understanding of the emergence of COVID-19, the factors of disease transmission are combined with the contents of regional stereotypes, in addition to the separation and loss of status brought about by epidemic prevention and control , a new form of stigma: disease-regional intersectional stigma has emerged. This stigma is also different in subsequent development mecha-

nisms. As for intersectional stigma, the process of its generation, diffusion and disappearance is closely related to the regional stereotype. The intensity and direction of regional stereotype and the coincidence degree with the factors of disease transmission are the main factors that influence the compound stigma. This study will explore the specific differences in the mechanisms of this stigma in different regions and the ultimate consequences as the disease progresses and is controlled. For different regions, although there is a similar process of stigmatization, the mechanism and the final result of stigmatization are different because of the original regional stereotype or the characteristics of stigmatization, and the original regional stereotype has also changed in this process.

5. REGIONAL DIFFERENCES OF STIGMA MECHANISM IN EPIDEMIC AREAS

(1) H with strong negative stereotypes

The main reason for the outbreak rebound in H city was that a family did not follow the social distancing advice not to have dinner together, and the hospital had a nosocomial infection. The economic development of City H is located is slowing down, and the migrations to other regions create interest conflicts with the local people, as a result, the society has produced a general negative stereotype against the area. In conversations with several interviewees, they believed that some of the habits of people in the northeast, such as the love of "Huddling" and "Going along for the ride", as well as the low level of medical care and management ability in the northeast. Interviewees reported that stereotypes about the region were low-power, and that stereotypes about the north-east were associated with factors such as the spread of infectious diseases, such as the concentration of people. This results in a strong intersection between negative stereotypes of h region and disease stigma, resulting in a dual region-disease stigma.

As the epidemic eased, so did the region-disease intersectional stigma of H. Interviews showed that the disease stigma had disappeared over time, but the original negative stereotypes remained, and it may be deepened. In the process of attributing and redecorating the acute epidemic COVID-19 in H, the negative stereotypes of it are reinforced, based on the intersection of the content of regional stereotypes and disease stigma. And media coverage of the causes of the outbreak, although isolated, was seen as a proxy for regional stereotypes, which were further reinforced.

(2) B with strong positive stereotypes

B City did not have a serious negative impact. In the development of the epidemic situation in City B, there appeared a famous figure, "Xicheng Daye", who tried hard to recall the behavior of all the contacts and also urged people to give a positive evaluation to the epidemic prevention and control in City B. In the interview results, most of the respondents have a positive impression of city B, they all think that city B is more capable to cope with the virus. Most of the interviewees had been to City B, and most of their impressions of city B came from personal experience. A relative of interviewee A-C work in B city, cannot go home because of the epidemic, but a C is not very worried about his safety in B city, she thinks her relative is safe because of B city's high level of medical care and management efficiency.

From the view of City B, it can be seen that people's previous positive stereotypes of city B have effectively prevented the combination of disease stigma and negative stereotypes from producing intersectional stigma. City B's epidemic control results are considered to be the incidents of city B's economic development and high management level. The positive narrative has become the representative of stereotypes in the process of people's cognition, this stereotype has been confirmed in people's perception of the epidemic in City B, thus deepening the positive stereotype. This suggests that the direction of stereotypes also influences the generation of stigma, and that positive stereotypes make it difficult for

disease stigma to be combined with the content of stereotypes, and disease stigma reinforces positive stereotypes.

(3) W with neutral stereotypes

In talking to interviewers about their impressions of different regions, many residents of non-affected areas said they had no impression of the city itself, and had rarely heard of stereotypes or discriminatory content about the city. Existing stereotypes are also mostly concentrated in the city's location and local people's eating habits. These stereotypes also have no apparent warmth or competence to judge in terms of content. Interviewees also said they had not met anyone with a strong stereotype of the area before the outbreak.

Interviewee B-B was away for education, but she said she had never met any with strong stereotype of W. Although there are some negative words, such as "Nine-headed birds in the sky, Hubei Man on the ground," but its meaning is much neutral. It can be said that the stereotype of outsiders regarding Hubei is vague, interviewees' stereotypes of Hubei cannot be attributed to one of the four quadrants, while those with concrete impressions of Hubei and W city generally have relevant contact experience. Therefore, the Hubei region belongs to the region with few and vague regional stereotypes.

Since the beginning of the epidemic, it has been difficult for the neutral stereotype in Hubei to be related to the transmission factors of the virus. Thus, after the outbreak of COVID-19, the stigma against the Hubei region is more of a disease stigma. This stigma is hard to combine with vague stereotypes, but it is possible that stereotype's narratives have been used in the process of spreading the stigma: for example, proverbs to depict Hubei people's characteristics is used to indicate that Hubei people were "spreading the virus". The dangerous and rare disease makes outsiders quickly shift the burden of disease transmission to the people of Hubei Province, and the resulting stigma is more disease-based and transcends regional stereotypes. In interviews with Hubei residents, they said that even though the city was safe, the exclusion of Hubei residents from the outside world had occurred, suggesting that the new stigma could persist and become an implicit one.

But when the nonlocal interviewees talk about the city of W, there are also different emotional orientations. Some people think that the sacrifice of people in the city of W in the experience of infectious diseases is "Heroic"(A-D2) , and there are also respondents showing sympathy.(A-E)

Through the analysis of the above three regions, this paper shows the change of regional stereotypes by the figure 2:

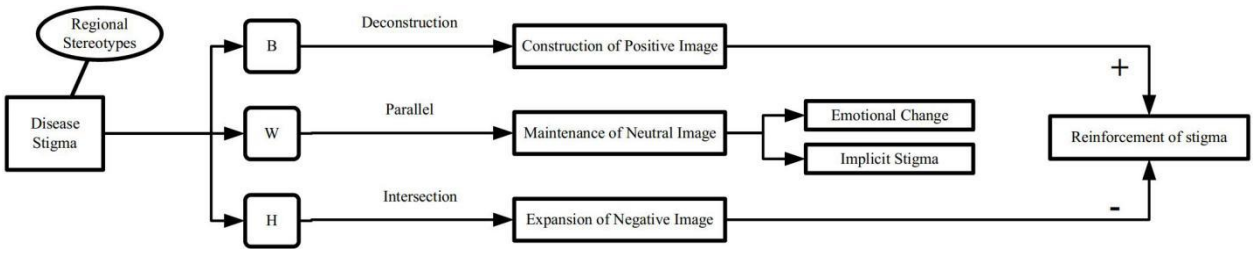

Fig2. Regional differences in changes in disease stigma and regional stereotypes

Regional stigma is based on regional stereotypes. The content of stereotypes has become a source of stigmatization in epidemic areas. In the process of intersectional stigma generation, the content of regional stereotypes related to factors of virus transmission is utilized and processed, and becomes the basis of new stigma. Stigma tends to dissipate over time, but regional stereotypes are reinforced in the process, which can have a profound psychological impact on individuals when an acute infection occurs. As a negative event, COVID-19 has changed the warm dimension of stereotype in this area to some extent under the influence of competence dimension. High-competence regions are better able to re-

spond to COVID-19, which reinforces the stereotype of high-competence regions.

6. DISCUSSION

(1) Findings

The research finds that: (1) disease stigma mainly affects the warmth dimension. In the early stage of the epidemic, the warmth scores of the three cities all decreased to a certain extent. However, (2) the competence dimension determined where the stereotype of the specific city falls on the warmth dimension and its resilience. Under the stigmatization of the repeated epidemic, H, which is originally a city with low competence and high warmth, has fallen to a state of low competence and low warmth, and the contempt of the outgroup for H has been intensified. B, which was originally high in capability and high in warmth, not only did not decline in warmth score, but also won respect and higher warmth score from the outgroup because of its high competence performance in dealing with the epidemic. W, which originally had moderate competency and warmth, was not greatly affected by the stigma of the epidemic. Moreover, because of its strong performance in resisting the attack of the epidemic, W gained sympathy from the outside community and a higher warmth score.

(2) Destigmatization of intersectional stigma

One of the factors that influence the stigma of epidemic areas are the content of the regional stereotype of people from other places. The acute infectious disease brings the new public mentality question superficially, but exposed the region development imbalance question. In the process of preventing the stigmatization of acute infectious diseases, it is not only necessary for society to strengthen long-term publicity and education, to reduce the negative stereotypes of other regions, but more importantly, to promote the balanced development of all regions, the impact of population movements should be properly coordinated to create an inclusive and supportive social atmosphere.

The findings of this study re-emphasize the way in which publicity and peer influence destigmatize. In the event of a disease outbreak, the public should be educated in a timely and reasonable manner, and emphasis should be placed on the content of stigma removal. During the outbreak of infectious diseases, the media should be cautious about the possible social consequences of related reports and prevent them from causing undesirable consequences. In recent years, peer influence has become a hot topic in the field of stigma removal. The propaganda of disease destigmatization should go deep into communities, schools, work units and other groups, and play the role of role models to promote a good community atmosphere.

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