

Covid-19 Pandemic Landscape and the Woefully Torn Social Self

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Abstract: The objective of the paper is to delineate the short and long term impacts of the Covid-19 pandemic across the public and private spheres of the people's lives. Covid-19 as a global phenomenon continues to affect not only the social world of an individual's life but also has its repercussions on the family and kinship ties which are intimate to his/her life. The paper begins with how Covid-19 has been understood since its evolution. Thereupon the paper heuristically divides the impacts into two distinct yet inter-related spheres of human lives; first, the material, second, the non-material. The material impacts are discussed under the broad rubrics of the 'Great Lockdown' and economy, work-from-home (WFH), higher education community and 'Vaccine nationalism' among others. The non-material section of the paper discusses ontological and existential issues regarding mental health, stigma and pandemic and most importantly how death has been socially 'reconstructed' in the times of Covid-19. The paper concludes with a summary of major findings.

Key words: Covid-19, Great lockdown, Work-from-home (WFH), Stigma, Death and mourning, Vaccine nationalism

'Yet the social science lacked such a language to capture the nature of suffering or the demands of ethics. The breakdown of concepts and categories created too many black boxes and silences. The crisis of the social sciences around Covid-19 stems from a flatness of language and an emptiness of concepts' (Visvanathan 2020: 29).

Introduction: Context and Background

Covid-19 is a global phenomenon and before we move ahead, it needs to be underlined that there are three distinct yet inter-related issues which are being addressed in this paper. At a rudimentary level, these issues are, first, what is Corona virus disease

(Covid-19) and how it has been designated as a pandemic; second, how Covid-19 has impacted both the public and private spheres of lives of the humanity (not to be taken as a watertight compartmentalization, the public sphere includes the economic and political lives spent outside the intimate and personal sphere designated as the private sphere which has familial relations as its constitutive elements); and third, how the humanity as a whole has responded to the Covid-19 pandemic. The first issue can be seen as a bio-medical, health and epidemiological understanding of the matter at hand. The second issue is where the social sciences come into picture and they tend to make sense of Covid-19 in terms of its impact not only on the society in general but also on the personal and intimate lives in the wake of the Covid-19 pandemic. Here, one also comes across the new lexicon of language and terminologies like safe distance, social and physical distance, home isolation and quarantine; and most importantly the 'new' normal among others. Feminist writings, on the other hand, have been speaking and writing with apprehension about the issue of interpersonal violence (domestic violence) during the pandemic. Last but not the least, the third issue at hand is to take note of responses to the short and long term effects of the pandemic which are either emanating from the neo-liberal welfare state and/or from the community and society at large. Thus, what was and has been perceived by the society at large as 'normal' since long has drastically changed with the advent of Covid-19. As the Corona virus outbreak continues to spread across the world, this paper does not aim to arrive at infallible conclusion and suggestions for that matter, rather what is attempted here is a panoramic view of the state of affairs as they are as of now crisscrossing the social, the political and the intimate sphere of human lives and experience thereof.

To begin with, according to the World Health Organization (WHO), Corona virus disease is an infectious disease caused by severe acute respiratory syndrome Corona virus 2 (SARS-CoV-2). Since its 'origin' and identification in December 2019 and its subsequent frightening rapid transmission across the world, Covid-19 pandemic has undoubtedly metamorphized into a global crisis with multifaceted and multi-layered dimensions. The macabre intensity of Covid-19 can

be easily gauged by the very fact that within a month of its ‘diagnosis/identification’, i.e. on 30 January 2020 itself, the WHO declared Corona virus outbreak as a public health emergency of international concern (PHEIC), which is its highest level of alarm. Subsequently, on 11 February 2020 the WHO termed it as Covid-19. Due to the thousands of cases related to Covid-19 across many countries, it was on 11 March 2020, that the WHO characterized Covid-19 as a pandemic. It needs to be mentioned here that a pandemic is the global outbreak of a disease. Since its inception, Covid-19 at the time of writing this paper has resulted into 63,965,092 confirmed cases and 1,488,120 cases of confirmed deaths across 220 countries, areas or territories.¹ Similarly, during the same time, if one looks at the region-wise distribution of mortality figures, then the number of deaths caused by the Covid-19 are 1,020 in Oceania, 52,937 in Africa, 412,090 in Europe, 297,086 in Asia, 329,257 in South America and 420,483 in North America.² Needless to say, these saddening and frightening figures are suffice to indicate that Covid-19 pandemic has caused deadly havoc across the continents and continues to do so.

Along with being a serious life-threatening health and bio-medical issue, Covid-19 pandemic as a hydra-headed entity has taken into its vicious life-threatening grip all the aspects of human existence; be it health and wellbeing, social safety and security, the market economy, the way the neo-liberal state functions among others. Thus, it has complex consequences. It also has drastically affected the individual and has ‘torn’ the social fabric both at the individual and collective levels and has resulted into the emergence of the ‘new’ normal. However, it needs to be underlined that the ‘normal’ prior to the Covid-19 pandemic was equally marked by the pre-existing set of inequalities whether they be in the domain of social, economic, political and/or gender relations. The only difference is that these entrenched inequalities have become more acute in the contemporary times of Covid-19 pandemic. Here in, the social science and those engaged in the same across the disciplinary boundaries of Sociology, Anthropology, Political Studies and International Relations, Economics, Philosophy, Psychology, Mass Media and Communication Studies, Gender and Feminist Studies and alike come to the forefront; the affirmation,

recognition and most importantly, necessity of which has been termed as ‘integration of social sciences into the outbreak response’ by the WHO.³ Similar academic and pedagogic exercises are being attempted by UNESCO Inclusive Policy Lab⁴, the Social Science Research Council (USA)⁵, The Global Health Network⁶ among others.

COVID-19 and the ‘Material’ World

Labour and work/employment have also become an important issue in the contemporary pandemic times as it has ‘triggered one of the worst jobs crises since the Great Depression. There is a real danger that the crisis will increase poverty and widen inequalities, with the impact felt for years to come.’⁷ It has been rightly noted that the ‘Covid-19 health crisis has turned into a global economic crisis, putting at risk the health, jobs and incomes of millions of people around the world’ (ILO-OECD 2020: 6). Furthermore, the global economic impact of Covid-19 and nationwide lockdown has manifested into the ever-increasing incidents and intensity of unemployment, under-employment, poverty across the world. There has been a huge increase in the incidents of job losses/layoffs both in informal and/or temporary along with organised high-end labour sectors like aviation, hospitality and tourism industry. It is pertinent to note here that according to the United Nations World Tourism Organization (UNWTO), Covid-19 pandemic has resulted into ‘loss of 850 million to 1.1 billion international tourists, loss of US\$ 910 billion to US\$ 1.2 trillion in export revenues from tourism and 100 to 120 million jobs at risk’.⁸ How Covid-19 is changing the world: a statistical perspective (Vol. II) (2020) by [T]he Committee for the Coordination of Statistical Activities (CCSA) has alarmingly flagged that ‘Global foreign direct investment is now projected to fall by as much as 40 percent in 2020; global manufacturing output fell by 20 percent in April 2020 compared to the same period of the previous year, accelerating an already declining trend’. In terms of loss in working hours resulting in the steep decline in the labour income, International Labour Organization (ILO) has flagged that ‘Global labour income is estimated to have declined by 10.7 per cent, or US\$ 3.5 trillion, in the first three quarters of 2020’.⁹ In continuation to it, the ILO Monitor: Covid-19 and the world of work which came out in September 2020 has highlighted the

‘Continuing workplace closures, working-hour losses and decreases in labour income’.¹⁰ Thus, we see that the impact of the Covid-19 crisis on labour markets and the poor has been disastrous. It needs to be underlined that income in-lieu of work/ labour does not only satisfies our mundane survival needs but also has an important bearing upon the mental health and wellbeing. It gives a sense of security and satisfaction to the person concerned. Sudden economic loss has increased and heightened the sense of economic and financial insecurity and across the countries are seen as one of the major causes of violence against women (Srivastava and Mishra 2020: 66-73).

On the other hand, we are witnessing the emergence of the ‘virtual’ work place/work station in the wake of stay-at-home work and work-from-home (WFH) strongly indicating that work and work-station will never be the same i.e. the pre-Covid-19 office-centric work. According to ILO (2020: 5), ‘WFH is a working arrangement in which a worker fulfils the essential responsibilities of his/her job while remaining at home, using information and communications technology (ICT).’¹¹ Though there has been significant medical advancement in terms of negating the pandemic effects, yet with no ‘clear’ signs for Covid-19 pandemic abating in the near future, labour force across the world is working from home either as a choice or as a compulsion. Major tech companies and e-commerce entities like Twitter, Facebook, Shopify among others across the world have already made a move towards ‘digital’ work station. Thus, one sees the emergence of e-working and e-worker i.e. work-from-home is now the new normal. Though it results in saving on commuting time and travel costs, but then that is only one part of the story. As a consequence, the labour force is adapting to the working conditions and life balance. Suddenly, the home has become the office/work station; overnight the ‘personal-private’ space has become the focal point of hustle and bustle of the office. Work-life boundaries have become too porous too be ignored and being affected. Maintaining a separate and dedicated workspace along with internet connectivity issues are another challenge.

The broader impact on society of the Covid-19 pandemic is also evident in the ‘higher education community worldwide’ (Rapanta et al. 2020). Almost all the educational institutions across the world

have been temporarily closed so as to contain the spread of the Covid-19 pandemic which has resulted into severe negative impact for the hundreds of millions of students.¹² WHO has also noted that in the times of Covid-19 ‘School closures have clear negative impacts on child health, education and development, family income and the overall economy.’¹³ Subsequently, the educational settings and educational institutions/organizations have also been undergoing a sea-change in the ways in which they used to function and perform earlier. These changes have abruptly disturbed the seamless effective teaching and learning process as they were in the pre-Covid-19 times. As a result of these, virtual classroom software is increasingly being designed and used for teaching online i.e. online delivery of lessons through the use of online learning platforms and apps.¹⁴ The use (registered or otherwise) of Google Meet and Google Classroom, Zoom, WebEx Meetings, ClickMeeting, BlueJeans, Microsoft Teams, Facebook Messenger, Google Hangouts (Video Conferencing Software in technical parlance) among others has increased manifold so as to enable both teachers and taught to connect (Online) with each other. This is also warranted to keep students as well as teachers safe and healthy at home along with to ensure campus safety. We are increasingly moving towards online learning or e-learning. Digital academic resources and digital libraries have emerged as singular point of knowledge dissemination. Numerous affordable and widely accessible student and professional, resources (Online) have come up within a short span of time (Reimers et al. 2020). Thus, we see that Online teaching-learning in higher education (school teaching at some places) during lockdown period of Covid-19 pandemic across the globe has emerged as a ‘panacea in the time of Covid-19 crisis’ (Dhawan 2020: 5-22) and has become the accepted and desired norm so as to continue the journey towards knowledge. However, taking into account the digital divide (Stelitano et al. 2020), remote/distance/correspondence and/or online learning-teaching activities during the Covid-19 pandemic have their own set of opportunities and challenges (Mishra et al. 2020; Pathak 2020, Meo 2020). To engage in quality and accessible education online, both the parties need not only access to the required tools (digital devices and internet) but they should also be trained to use these tools and techniques to the optimum i.e. Digital Literacy.

Often, it has been the case that either of the party is lacking this set of expertise and/or right technology to support connectivity and thus is unable to contribute meaningfully to the system or at best is left out of the educational system. For many of the teachers during the Online teaching, communication with the students feel fragmented and vice-versa.

Covid-19 pandemic and its effects and implications for the marginalised and excluded sections of the society are equally a point of concern to the social scientists and medical practitioners. All the more exclusionary is the access to the Covid-19 vaccine i.e. inequitable access to vaccines. Along with the pre-existing forms and structure of inequality in terms of race and ethnicity, religious minority, gender and alternative sexuality segments of the society, caste and class among others; the world and humanity today are witnessing another form of extreme 'Othering' which is being termed as 'Vaccine nationalism' (Oxford Analytica 2020) or 'my country first'. Vaccine nationalism is a 'situation in which countries push to get first access to a supply of vaccines, potentially hoarding key components for vaccine production' (Hafner et al. 2020). Furthermore, it 'occurs when a country manages to secure doses of vaccine for its own citizens or residents before they are made available in other countries. This is done through pre-purchase agreements between a government and a vaccine manufacturer' (Rutschman 2020). As of now, leading examples include 'United States, Britain and the European Union with the likes of Pfizer PFE.N, BioNtech 22UAY.F, AstraZeneca AZN.L and Moderna MRNA.O' (Kelland and Steenhuisen 2020). As a consequence of such initiatives critiqued as 'the ugly face of science and politics' (Ramscar 2020), 'the greatest suffering will be in low- and middle-income countries result will be not only needless economic and humanitarian hardship but also intense resentment against vaccine-hoarding countries' (Bollyky and Bown 2020). Recently, WHO has voiced its concern that vaccine nationalism goes against the grain of fair and equitable access to the vaccine's facility against the pandemic.¹⁵ Vaccine multilateralism (Ro 2020) along with both advanced market commitment (AMC) model and the International Finance Facility for Immunisation (Weintraub et al. 2020) have been argued for as viable and humanitarian alternatives to 'vaccine nationalism'.

COVID-19 and the Non-'material' World

Covid-19 pandemic and its impact has been singularly seen in the economic sphere of the life, the intensity of which is being attempted to weaken through series of clinical trials being conducted across countries around the globe. However, within this monolithic understanding of the pandemic, one also needs to focus on the other equally crucial element i.e. mental health and wellbeing as a global health crisis. Recently, the World Mental Health Day (Saturday 10 October) was celebrated and observed amidst increasing incidents of mental (ill)health due to the Covid-19 pandemic. The interlinkages assumed to be of the cause and effect nature between the Covid-19 pandemic and mental health is a complicated one. It is argued that due to the lockdown and quarantine measures i.e. stay at home and work at home, majority of the people are unable to meet and greet each other, their family members and relatives, neighbourhood, their co-workers and most importantly miss enjoying the free and leisure time with their loved and near-dear ones. In this context, Covid-19 and the Need for Action on Mental Health (2020), a Policy Brief by United Nations has rightly noted that 'During the Covid-19 emergency, people are afraid of infection, dying, and losing family members. At the same time, vast numbers of people have lost or are at risk of losing their livelihoods, have been socially isolated and separated from loved ones' (ibid.: 7). Serafini et al. have outlined that Covid-19 has affected the mental health in terms of 'a specific and uncontrolled fears related to infection, pervasive anxiety, frustration and boredom and disabling loneliness' (2020: 531-537). Continued lockdown, home quarantine and isolation have resulted into varying degree of psychological and emotional distress like loneliness among the young and aged population alike (Hartt 2020). The additional resultant experiences of loneliness, depression and anxiety further has exacerbated the problem of mental health. Mental health problems during and after Covid-19 are difficult to diagnose as many a times people themselves are unaware of their symptoms. The situation is going to deteriorate further as a survey of 130 countries has pointed to a grimmer scenario because in most countries, the mental health services are being hampered as a result of Covid-19.¹⁶ Feminist writings have

pointed to the ‘hidden pandemic behind Covid-19’ or ‘a pandemic within a pandemic’ effectively termed as ‘the shadow pandemic’ which means ‘violence against women during Covid-19’ by UN Women.¹⁷ It has been argued by many that Gender-Based Violence/Intimate Partner violence/Domestic violence/Violence Against Women (VAW) have been increasing manifold during the Covid-19 lockdown period (World Health Organization 2020; Mittal and Singh 2020; Anjali and Ranganathan 2020; Sen 2020).

Within the rubric of mental health during the Covid-19 times is a related issue of stigma being experienced by those who have been infected by the corona virus. This experience is at two levels i.e. stigma and infectious disease and the stigma of quarantine. Through the intertwined process of labelling and stereotyping such people not only experience discrimination but also are stigmatised and are seen and treated/devalued as the ‘undesirable other’ and ‘socially undesirable’. At this juncture, the paper invokes Erving Goffman who in *Stigma: notes on the management of spoiled identity* (1963) outlined that ‘The term stigma, will be used to refer to an attribute that is deeply discrediting ...’ (ibid.: 3). Further he notes that ‘On this assumption we exercise varieties of discrimination, through which we effectively, if often unthinkingly, reduce his life chances’ (ibid.: 5). He argues that the person/ collective stigmatised by the social order is not accepted in the social interactions and many a times suffers acute forms of discrimination and exclusion. It is not that this intricate relationship between the disease and stigma is something new which is taking place in the society as evident in the case of leprosy, tuberculosis and HIV AIDS among others. However, what makes the feeling of stigma emanating from Covid-19 specific is a set of reasons which include ‘1) it is a disease that’s new and for which there are still many unknowns; 2) we are often afraid of the unknown; and 3) it is easy to associate that fear with ‘others.’¹⁸ As a consequence, not only the ‘Healthcare workers and patients who have survived Covid-19 are facing stigma and discrimination all over the world’ (Bagcchi 2020: 782; also see Roelen et al. 2020) but also the ‘the survivors have been isolated by the neighborhood, forcing them to live a life that is far from ordinary’ (Bhattacharya et al. 2020)

which ‘more traumatizing than the illness itself’ (Chandrashekhar 2020; Kumar and Nayar 2020). Most importantly, tracing - tracking - testing - treating of the Covid-19 infections backfired as due to the stigma those infected with the Corona virus did not disclose the same either to the family members or to the health professionals (i.e. early self-reporting if symptoms develop). Their reluctance to seek urgent early diagnosis, medical advice and treatment in this life-threatening infection simply points to the degree and intensity of the perceived ‘persecution’ they think they might undergo due to the stigma attached to the Covid-19. They are ostracized and are seen as the ‘enemy’, ‘stupid’, ‘careless with utter disregard to their family members and neighbourhood’ among others. Ironically, those infected were ‘distanced’ both physically and socially.

The strong nauseating feeling of stigma become all the more deadly when its oriented towards members of religious minorities as ‘endemic prejudice, have exposed members of minority communities to hate speech and violence’ (UN Human Rights 2020: 2) which is seen as violation of their dignity, privacy and human rights (Human Rights Watch 2020). It is frightening to underline that such prejudices and extreme form of biases emanates from both racial and ethnic vantage points. In a way, it brought out the deep-seated entrenched hatred towards the ‘Other’ either in terms of race, ethnicity and/or religion. Here, one needs to look into the false sense of modernity and rationality which we have imbibed (so called) in our selves. One of the key markers of modernity is to be a rational individual and to act/ interact in the ways which are evidence-based and are reasonable. However, the Covid-19 times wherein we the so-called modern and rational individuals cried hoarse over the ‘alleged’ collective identity of ‘super spreader’ reserved specifically for the ‘Others’ stand in total opposition to the same. To put it bluntly, it taught us ‘how to be barbaric/xenophobic/fundamentalist in modern times’ and the incidents across the world shows that we have learnt our lesson well (Devakumar et al. 2020; Ahuja et al. 2020; Reny and Barreto 2020: 1-24; Kipgen 2020: 21-26). The individual cases of Covid-19 cases were soon juxtaposed with the ethnic and religious identity of the ‘victim’ and very soon the community is seen as ‘filthy who lack hygiene and have complete disregard to safety norms’. Thus, the

entire community becomes the target of the 'Other'. In such a situation, there is a complete lack of empathy and for that matter sympathy at worst for the victim/s; rather what we have been witnessing is the regressive imagining of the 'Other'.

Death and Bereavement in the times of Covid-19 are issues which paradoxically have become very important in social science discourse. As already pointed out in the introductory paragraphs of the paper, death tolls due to pandemic have crossed million marks and there is no sign of the pandemic to slow down. However, the paper at this place is not into the number and statistics of the mortality due to the pandemic rather its sociological interpretation of the same. It is important to note that death and/or funeral ritual practices have been practised by the humanity since millennia which have recently been included in the academic deliberations under the purview of Sociology/Social Anthropology of Death in general and grief, grieving, mourning, burial/funeral rituals among others. As pointed out by Seale, 'Sociologically, death poses problems at two levels; for the stability of the social structures, and for the maintenance of individual meanings that sustain ontological security' (1998: 50). It is very fascinating to note that the writings by founding figures of sociology, Emile Durkheim in particular outlined the very 'social' nature of death which is distinctively different from the biomedical/physiological understanding of the same. For him, death and death/funeral rituals are important in the context of social solidarity. Brennan (2017: 24) has rightly noted that 'If death threatens the social fabric of society by tearing individuals from the relationships of which they are a part, Durkheim's work on death rituals serves to illustrate how society is reconstituted in the face of such loss'. Every major religion of the world has a prescribed set of these so as to enable the mourners to pay their final respect to the departed soul during the preparation of cremation and/or burial. Mourning as Freud noted in *On murder, mourning and melancholia* (2005) is 'commonly the reaction to the loss of a beloved person or an abstraction taking the place of the person, such as fatherland, freedom, and ideal and so on.' However, as touching, kissing, hand holding during mourning/burial/cremation/funeral in accordance with local customs among others are strictly prohibited on the account of

preventing the Covid-19 contagion¹⁹, 'Covid-19 is robbing families of the chance to say a final goodbye' (Júnior et al. 2020). Or for that matter we are not getting 'chance to properly celebrate and accompany their dying, due to stringent Corona virus measures of social distancing and thereby prevention of contagion' (Bermejo 2020). Additionally, while we profoundly mourn the deaths and experience profound feelings of grief, anger, and fear, there are very few who are able to or to put it bluntly are allowed to participate in the death rituals and to attend the funeral, it has led to 'disenfranchised grief, something that some experience when actively prevented from attending the funeral of a partner, friend or family'.²⁰ Family and kin obligations during mourning for the death in the times of Covid-19 have been transformed to their core. In a way what we are witnessing today is an unprecedented moral and ethical choices put forth in front of us, whether to bid a final adieu in person to the departed soul or to mourn the heart-wrenching loss of the beloved one in 'absentia'.

Conclusion

The objective of the paper was to delineate the short and long term impacts of the Covid-19 pandemic which has been ravaging the countries around the globe for nearly a year. The paper made an attempt to provide a holistic view of the multi-faceted impacts of the pandemic in the society. In terms of the region/ country, the paper has not taken into account any reference point as the impacts are being felt globally. Most importantly, the paper consciously did not restrict itself to any specific domain of human life as these domains are porous in nature and are so closely tied to each other that their analysis as a separate entity would be difficult. Thus, the paper has taken a holistic approach and has responded to those areas of lives which to the author are serious in nature. There is a subjective 'bias' in to the selection of certain issues and as a consequence of it, rejection of the others. As it is evident, the pandemic's bloody and deathly journey across the regions, continents and countries is nothing but trail of hundreds of dead bodies and still counting. Academicians in and around the world across the natural and social sciences are engaged with studying the varied impacts of the pandemic which are still being felt in almost all the spheres of human lives be it social, economic, political, crisis

related to existence and death among others. Apart from those who are studying the pandemic purely from the virology, epidemiology and health sciences approach, social scientists are busy in unravelling how the pandemic has touched the socio-economic lives of ours and how new ways of coping the pandemic have altered the human behaviour. For instance, how mental health issues have suddenly become too visible to be ignored. Needless to say, the pandemic has taken severe toll on both the public and private lives of the people. Roughly speaking, the events taking place in the public sphere have their reverberations being felt in private sphere also.

Social science approach heavily dominated by the economic lens of understanding the social world has limited itself to see the pandemic more in terms of economic loss and screeching halt of the production, distribution, consumption cycle which is at the core of any country's economic growth and progress. Very true, as the consequence of the 'Great Lockdown', economic activities be they in the formal sector or informal came to a standstill which resulted into myriad concerns and challenges before the labour force. Not only the economic state of affairs witnessed slow or near no growth at all, it was also marked by job layoffs, cutting down on salaries and wages, unemployment, under employment and mass exodus of the un/semi-skilled labour force from their work station. As already noted, loss of employment/livelihood led to a series of panicky responses and has also resulted in to incidents of violence against women. It emerged that there are multi-sided impacts of Covid-19 on the society in general and individual in particular. It has affected the system of teaching and learning in institutions and universities specifically those imparting higher education. Online mode of teaching and learning has become the everyday norm which has its own set of challenges and opportunities. Similarly, because of the lockdown measures and 'social distancing', Work From Home (WFH) has made the work-life balance an intricate task to perform. The intimate home has been transformed into public office/ workstation.

Covid-19 induced lockdown has equally affected the mental health and wellbeing of people. It is so because human beings are social animals i.e., they are inherently social who have a need to belong. The sense of belongingness among human flows from their

gregarious instinct. Due to persistent lockdown and stay at home/isolation/quarantine/safe distance/restrictions on mingling to meet and greet their near and dear ones have made us quite a 'sick' person. We are longing to experience 'love in the times of Covid-19'. It is this love and affection which makes us humans and it is these qualities which are at stake today. The additional challenge to these humane qualities is coming from the extreme form of stigma being attached to the Covid-19 victims/survivors and their family members. They are being hounded out of their comfort zone and are being treated as 'undesirable others'. What is worse that even the frontline health workers are also being treated the same despite the medical evidence that it will slow down the fight against Covid-19 pandemic. At the existential and ontological levels, death and bereavement have come to acquire new meanings experienced and unheard before. The mourning and the funeral rituals have undergone sea change to prevent the Covid-19 contamination. Sadly, grief and loss have become so medicalised affairs nowadays that they have lost its 'sanity and purity' somewhere in between. It is in such uncharted territory of uncertainty that the human species of today has been hurled into with full force by the Covid-19. At the end of the day, one tends to find solace and hope in what Anne Frank had to say that 'I don't think of all the misery, but of the beauty that still remains.' (Frank 1947:157)

Notes

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