Innovations

Examining the Ill-Effect of Stigmatization on Disequilibrium of Life During Pandemic Along with the Mediating Role of Stress and Social Isolation

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Abstract: *With the outbreak of the coronavirus, all facets of our lives have changed all of a sudden. The "infodemic" has triggered stigmatization further leading to disequilibrium in our life. We are entangled by fear, depression, anxiety, and uncertainty. The "witch-hunt hysteria" has led our life to flow in different dimensions. Uncertainty loomed large over the lives of the people who are stigmatized and thus dilemmas ruled over their life leading to imbalance. Considering this reality, our present study focused to measure the impact of stigmatization on the disequilibrium of life with a mediating effect of stress and social isolation. To reach a decisive conclusion we administered Smart PLS. The study evolved on the fact that Stigmatization has a direct influence on the disequilibrium of Life. Stress and Social Isolation play a pivotal role indirectly and have a mediating influence between Stigmatization and Disequilibrium of Life. Hence, this research work gives the means to understand the impact of stigmatization in our lives and how it can be managed not only to restore the balance of life but also to grow and excel to reach the helm of success.*

Key Words: *Stigmatization, Hysteria, Disequilibrium of Life, Stress, Social Isolation, Pandemic.*

Introduction

The COVID-19 pandemic has altogether changed the outlook of our life. Apart from the direct consequences of the pandemic, we cannot ignore the impact of indirect social consequences.Our life has been disrupted and uncertainty looms large over our life. We indeed have to ponder over the hygiene measures, but the "infodemic", which is nothing but the abundant flow of news covering facts, rumours, and misinformation (Naeem & Bhatti, 2020), has entangled our life with fear, depression, anxiety, and uncertainty. In compliance with "witch-hunt hysteria", we have triggered stigmatization (Spiegel, 2020; Heute, 2020).

The stigmatization process enforces us in labeling an individual with a specific characteristic, thus emerging a stereotyping concept that generates a negative impulse among us. This amounts to imbibe separation amongst us leading to discrimination and the loss of status (Link et al., 2001). Again this process gets indulgence from the social, political, and economic power of the stigmatized group (Link et al., 2001) making our lives more vulnerable.

While considering the concept of stigmatization, we need to have a distinct picture of public stigma, stigma by association and self-stigma separately (Pescosolido & Martin, 2015). When we become the victims of stereotypes, prejudice, and discrimination in general against a particular group, we may refer to it as public stigma (Corrigan et al., 2010). When this stigmatization process is endorsed upon the relatives of the stigmatized individuals, it may be considered an associative stigma (Pryor, 2012). When we internalize the same stereotypes and prejudices, it may be called self-stigmatization (Corrigan et al., 2010). Furthermore, it leads us to perceive stereotyping and thus devalue and discriminate against the individual having the explicit characteristic (Berger et al., 2001).

The after-effects of stigmatization can be varied as it tends to discrimination-related stress, reduced self-esteem, and reduced self-efficacy (Corrigan et al., 2006). Stigmatization in general affects the quality of life (Sanden et al., 2014), and invites mental ill-being and trauma, resulting in suicide (Einarsen et al., 2003; Östman & Kjellin, 2002; Mooney & El-Sayed, 2016; Carpiniello & Pinna, 2017). Furthermore, the stigma may be avoided, if it is associated with professional life and one's health (Schomerus & Angermeyer, 2008). As a result,people did not want to disclose (Quinn & Chaudoir, 2009; Yebei et al., 2008), and invite more fatal consequences. If we manage to relate to professional life, stigmatized employees fail to reach the desired level (Einarsen et al., 2003), resulting in apathy toward the job, output, commitment, and willingness to grow (Deitch et al., 2003; Weber, 2019). Even it leads to decline (Kardorff et al., 2010), dismissals, or "voluntary" dismissals (Bartlett & Bartlett, 2011). Workers exposed to stigmatization suffer from bullying (Leymann, 1996; Zapf et al., 1999). Thus, the person who gets affected in his workplace often faces humiliation and fails to meet the daily work demands (Östman & Kjellin, 2002). It invariably brings forth the worst consequences in the career like dismissals or "voluntary" dismissals (Bartlett & Bartlett, 2011).

Stigmatization induces psychological stress for workers. Some of the recent studies depict the most worrying picture as it implores disequilibrium in life (Kisely et al., 2020; Serrano-Ripoll et al., 2020). How far the disequilibrium of life in respect to stigmatization gets affected needs to be measured in terms of stress and social isolation as it is high time for us to be free from the prejudices of life. The present study focuses on how stigmatization is related to disequilibrium of life with a mediating effect of stress and social isolation and thereby its holistic impact on the balance of our life. The present study may shed light on the impact of stigmatization in our life and thus give provision to find out the means to reinstate peace in our existence.

1. Theoretical Background and Hypotheses Development

The theoretical outline doesn't restrict a researcher merely to discrete studies but rather gives the base for intense studies of the defined topic. It helps to lay out the research gap and frame the hypothesis of the study accordingly to make the study more relevant.

2.1 Anxiety and Depression

Anxiety, one of the most alarming terms in the life of an individual, has had a significant impact on society since the pandemic (Huang & Zhao, 2020; Li et al., 2020; Qiu et al., 2020; Teufel et al., 2020). An eminent research group in China made an online survey comprising 18,000 social media users of China even before the emergence of COVID-19 on January 20, 2020, and found that negative emotions including anxiety, depression, and anger encircled our life altogether (Li et al., 2020). The most telling impact is health anxiety.

It is categorically catastrophic misinterpretations of diverse instigation, dysfunctional beliefs of not only health but also illness leading to maladaptive coping of irrational behaviours. Its adverse impact is such that people are inclined more toward unnecessary hand washing habits, socially remaining alienated, panic-stricken, and spending excessively on buying hand sanitizers, medications, and protective masks (Asmundson & Taylor, 2020b). In fact, with the steady surge of COVID-19 cases, people got panic-stricken and anxious about probable contamination (Dubey et al., 2020). This even enforced individuals to be mentally depressed about their probable fate (Bavel et al., 2020; Pfefferbaum & North, 2020; Restubog et al., 2020; Sher, 2020a). Interestingly, groups having lesser education seem to be skeptical enough about these manifestations in such an epidemic scenario, owing to accessing unreliable information and developing apprehension for its formidable academic structure (Pfefferbaum & North, 2020).

2.2 Fear and Uncertainty

We have witnessed the outbreaks of various viruses in the 21st century, such as SARS and MERS, which were primarily restricted to hospital domains (Bai et al., 2004; Cauchemez et al., 2016). COVID-19 is altogether different since it engulfs the entire society. Since the entire population has been at stake, the necessary measures to curb its spread have created an atmosphere of fear and uncertainty. We are thus enforced to cope with fear since COVID-19 has truly emerged as a menace in our life. To those who cannot manage to deal with such risks, fear and uncertainty devour their life (Bavel et al., 2020). Apart from the fear of death, social isolation, economic crisis, and closure of every enterprise have created a due mess in our life (Ornell et al., 2020). To be true, fear is positively correlated with depression, anxiety, probability of infection, and germ aversion (Ahorsu et al., 2022). The detrimental consequences of fear owing to stigmatization have an adverse impact on the individuals (Ahorsu et al., 2020) which are enough to distort the mental peace.

Fear even invites the worst fatal consequences of life like suicide. With the increase of COVID-19 cases, the report of suicide has also been on a surge (Dsouza et al., 2020; Mamun & Ullah, 2020). Even the fear of infecting others (Mamun & Griffiths, 2020) and the fear of keeping himself isolated (Dsouza et al., 2020) have resulted in mental ill-being (Sher, 2020b). Fear encircles our life in such a way that a Bangladeshi 40-year-old woman sacrificed her own life in a hospital bathroom for the ignorance of the hospital staff for the probable fear of SARS-CoV-2 infection (Mamun et al., 2020a).

It is also true that the fear which enforces social isolation has created uncertainty in life and it differs considerably with respect to age groups, gender, and other variables. Considering the importance of fear in such a pandemic scenario, scales to compute this feeling have evolved and might be helpful in the long run to keep a check on this emotional component (Ahorsu et al., 2020; Sakib et al., 2020).

2.3 Stigmatization and Stress

Stigma is better to be considered as discrediting and disgracing aspects of life (Link et al., 1989; Link & Phelan, 2001; Corrigan, 2005; Feig, 1992: Crisp et al., 2000) usually leading to a negative outcome for an individual (Sartorius et al., 2010; Phillips et al., 2002; Fung et al., 2008; Thornicroft et al., 2009). Numerous approaches have been adapted to measure psychiatric stigma (Link et al., 1989; Link & Phelan, 2001; Corrigan, 2005; Feig, 1992: Crisp et al., 2000). Psychiatric stigma often results in depression, prejudice, pessimism, restricted mobility, and initializing immature reaction (Link et al., 1989; Link & Phelan, 2001; Corrigan, 2005; Feig, 1992). Eminent researchers precisely point out the fact that patients suffering from psychotic disorders (Phillips et al., 2002; Fung et al., 2008; Thornicroft et al., 2009; Brohan et al., 2010; Sibitz, 2011; Lysaker et al., 2010; Pescosolido et al., 2010), affective disorders, and alcohol addiction (Pescosolido et al., 2010) considerably face ill consequences in life owing to stigmatization.

Associative stigma is related to psychiatric stigma since it has an immense impact on family members (Phelan et al., 1998; Larson & Corrigan, 2008; Hasson-Ohayon et al., 2011; Shibre, 2001; Kadri et al., 2014; Ostman & Kjellin, 2002; Ostman, 2004; Shibre, 2001; Wahl,1999; Wahl,1999) and mental health care workers (Sartorius et al., 2010). It is something that creates a tremendous mental blockage (Kadri et al., 2014; Ostman & Kjellin, 2002; Ostman, 2004; Shibre, 2001; Wahl,1999). It invariably results in not only stress but also be engaged in the blame game. The shame, diminishing self-worth, depression, anxiety, and social isolation can also not be ignored from the influence of stigmatization. There are multiple factors are in association with stigmatization (Hasson-Ohayon et al., 2011), and some somatic diseases also induce the same kind of stigma in our life (Corrigan et al., 2006). In a nutshell, stigma invites into our lives to a certain extent labeling, stereotyping, separation, status loss, and discrimination resulting in due stress leading to disequilibrium in life (Shibre, 2001). From these premises, our first hypothesis is:

H_1: Stigmatization increases the stress of our life.

2.4 Stress and Disequilibrium of life

Stress is defined as an event or situation that is perceived as threatening, demanding or challenging (Hardie, Kashima, & Pridmore, 2005). Stress is a relationship between a person and their environment
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Stress signifies an event or situation that is prone to threat, demand, or challenge (Hardie et al., 2005). Stress has a close resemblance between a person and their environment. If they evoke taxation on the environment, it would be a threat to mental peace. In reality, Stress invariably invites transformation in an individual for reacting on an impulse. We can categorically differentiate stress into two -Eustress - good Stress and Distress - bad stress. But nowadays stress entangles our life from every perspective and its ill effect cannot be ignored by all irrespective age groups. The impact of stress varies with every individual. (Catano et al., 2010). Chronic stress evolves as one of the most perilous health issues in the workplace. This may lead to hypertension, digestive troubles, chronic aches and pains, and heart problems. Besides anxiety and insomnia, chronic stress brings forth life a higher risk of depression (Kohll, 2019.) and thus destroys the equilibrium of life. The following hypothesis can be developed considering the above discussion.

H_2: Stress distorts the balance of our life.

2.5 Stigmatization and Social Isolation

With the advent of COVID-19, isolation is a part of medical consideration at the cost of the psychological and social contexts. Isolation restricts mobilization as well as social confinement. Research exclusively figures out that this isolation becomes intolerable with the fusion of stigmatization.

Stigma is a very complicated phenomenon that is deeply discrediting for an individual since it alienates the bearer from a whole and makes one skeptical about fate (Goffman, 1963). The term stigma has evolved into new dimensions fifty or sixty years back. Weiss et al. (2006) stated stigma is a social course that can be experienced or anticipated, it leads to exclusion, rejection, blame, or devaluation from an adverse social judgment concerning a person or a group. Stafford and Scott (1986) defined stigma as an attribute that is dissimilar to a norm of a particular unit, where a norm is nothing but the standardized way of how a person should react. Stigma is thus an integral part of a situation or context. Crocker et al., (1998) highlighted that stigmatization imbibes a social identity that disregards an individual from the social union. Jones et al. (1984) linked a person with undesirable behavior leading to

separation, status loss, and discrimination. As a result, stigmatization creates a panic-sticking environment leading to physical, psychological, social, and emotional barriers of isolation (Cassidy, 2006) and mental ill-being. The stigmatization thus enforces the environment where adequate care needs to be taken and stands by one another emotionally (Barratt et al., 2010) to reinstate the equilibrium of life ignoring isolation. We have thus developed our third hypothesis:

H_3: Stigmatization invites social isolation.

2.6 Social isolation and Disequilibrium of Life

The unprecedented impact of the outbreak of coronavirus across the globe has never been ignored. This menace which was first detected in Wuhan, China in December 2019 is specifically referred to as severe acute respiratory syndrome SARS-CoV-2 (Zhou et al., 2020). The fear of death had encircled the entire world. The high mortality rate has traumatized businesses across the globe. We are enforced to keep ourselves confined indoors. We can easily lay down the fact that social relations always play an integral role in maintaining mental health and psychological well-being (Andersson, 1998). So, the feelings of being alienated from the social network have a detrimental impact on the mental health of the general population at large (Clinton et al., 1998; Borge et al., 1999; Lauder et al., 2004; Palumbo et al., 2015). The existing pieces of literature have expounded on the fact that loneliness has an integral relationship with depression (Cacioppo et al., 2006; Luanaigh & Lawlor, 2008), suicidal behavior (Goldsmith et al, 2002), personality disorders (Richman & Sokolove, 1992), and psychoses (DeNiro, 1995). Social isolation acts as a medium for higher levels of delusions (Garety et al, 2001), lack of insight (White, 2000), and high hospital usage (Mgutshini, 2010) among people who are suffering from severe mental trauma. Considering these, Zavaleta et al. (2014) rightly defined social isolation as "inadequate quality and quantity of social relations with other people at the individual, group, community, and larger social environment levels where human interaction takes place". From these premises, our next hypothesis is:

H_4: Social isolation has a positive impact on the disequilibrium of life.

2.7 Social Isolation and stress

The term social affiliation reflects how closely we are related to our own family, friends, and our near and dear ones. These close acquaintances act as a stress buffer in our life. If this balance gets a jolt, then it would invariably bring negative consequences in our life. This disorder in our life leads to bringing work stress, emotional distress, and depression leading to dissatisfaction in our life (Brooks et al., 2020; Wang et al., 2011; Rubin & Wessely, 2020). Social connection helps to overcome stress and reinstate the peace of our life (Banerjee & Rai, 2020). So we have to find out the means to eradicate the social ill-being from our life to be stress-free and restore peace in our life.

The existing works of literature have managed to set up a liaison between loneliness and depression (Cacioppo et al., 2006; Luanaigh & Lawlor, 2008), suicidal behavior (Goldsmith et al, 2002), personality disorders (Richman & Sokolove, 1992), and psychoses (DeNiro, 1995). Social isolation promotes higher levels of delusions (Garety et al, 2001), lack of insight (White, 2000), and high hospital usage (Mgutshini, 2010) among people who are mentally ill. Considering these, Zavaleta et al. (2014) rightly defined social isolation as "inadequate quality and quantity of social relations with other people at the individual, group, community, and larger social environment levels where human interaction takes place". Social isolation distorts our mental balance and thus enforces us to consider affiliation and relatedness (Ryan et al., 2017; Dörner et al., 2013). Thus social isolation may increase the stress level in our life which is hard to endure so people are seeking social connections to come out of stress which gives them the courage to face the odds of life (Banerjee & Rai, 2020). Considering these, we have formulated the following hypothesis:

H_5: Social isolation induces stress in our life.

2.8 Stigmatization and Disequilibrium of Life

Stigma is a menace to our life as it leads to fear, rejection, avoidance, and discrimination (Corrigan & Penn 1999). This sort of stigma is the consequence of a lack of engagement in mental health care and outcomes of inferior treatment (U.S. Department of Health and Human Services 1999; New Freedom Commission on Mental Health 2003). The word stigma in the true sense of the term is associated with discrimination, reduced autonomy and self-efficacy, and segregation (Corrigan & Shapiro, 2010; Pescosolido et al., 2007a). For instance, individuals having mental ill health suffer acutely from family and employment crises in comparison to people having a balance in life (Corbiere et al., 2011; Corrigan et al., 2006; Corrigan & Shapiro 2010). Furthermore, even the people having financial stability, if gets affected by stigmatization, may commit coercive treatment with others along with restricting themselves towards their boundaries of life (Corrigan & Shapiro, 2010; Pescosolido et al., 2007a).

In the past 25 years, the numerous studies that have been conducted established the fact that stigma invariably creates mental disorders. The Etiology and Effects of Stigma (EES) Model, developed by Martin et al. (2007), has evolved from the topic of public stigma and depicts that numerous factors are responsible for the imbalance of mental health. The EES model precisely points out that sociodemographic characteristics (e.g., gender, race, age, socioeconomic status) of the individual having a mental disorder has a definite negative impulse toward public recognition, causal acknowledgment, and agility towards life (Martin et al., 2007). These attributions and considerations put individuals' beliefs at stake causing the severity of the expected outcomes, and their perceived views about life. Thus, these attributions and assessments are in proportion to public stigmatization induce stereotyping, discriminatory behaviors, and a pessimistic outlook toward life. This is enough to put our life at stake leading to disequilibrium in life. Based on these discussions, our next hypothesis is:

H_6: Stigmatization has a direct influence on our life.

From the above existing works of literature, we are very convinced that stress and social isolation play a pivotal mediating role between stigmatization and disequilibrium of life. Hence, our next two hypotheses on mediation are as below:

H_7: Stress act as a mediator between stigmatization and disequilibrium of life.

H_8: Social isolation plays a mediating role between stigmatization and disequilibrium of life.

Considering the effect of mediation, the impact of serial mediation also needs to be assessed to identify whether social isolation and stress together prove effective to distort the balance of life. Based on these our last hypothesis is:

H_9: Stigmatization affects social isolation which induces stress resulting in disequilibrium of life.

2.9 Research Gap

Despite the interest among the researchers to study the influence of Stigmatization in our life, there is a dearth of existing pieces of literature that examines the impact of stigmatization on the disequilibrium of life. To address this gap, we have made a humble effort to understand: (1) how stigmatization distorts the equilibrium of life; (2) how stigmatization relates to Stress and Social Isolation (3) how far stress and social isolation play a mediating role between Stigmatization and Disequilibrium of Life. We through our study thus have made a concise effort to draw recommendations on how to reinstate mental peace in our life by understanding the influence of all the variables - depression, fear, uncertainty, anxiety, stigmatization, stress, social Isolation, and disequilibrium of life. The proper assessment of all the above-mentioned variables may give us the provision to restore the equilibrium in our life in the true sense of the term. Based on the above

discussion, we have proposed the following model.

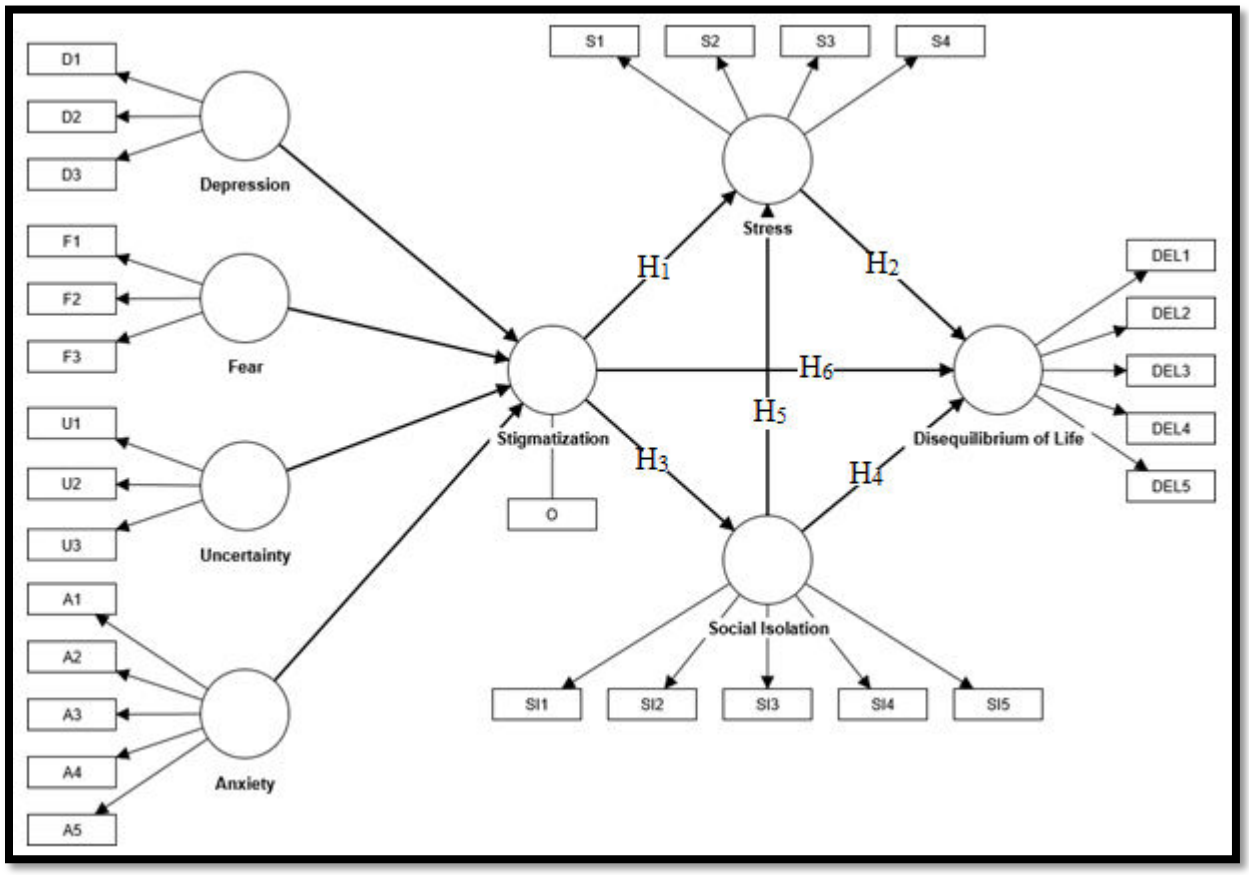

Figure 1: Proposed Conceptual Model

2. Research Methodology

This study was basically empirical and exploratory in nature. The study was precisely employed to examine whether stigmatization has a direct influence on creating an imbalance in life. During the pandemic, this study has become more relevant to find ways to reinstate peace in life. Stress and social isolation may have a role in maintaining equilibrium in life. So, the role of these two mediating variables has also been assessed. Nowadays people have become tech savvy and we cannot ignore the influence of Social Media in our life. In this current era, this study has its own significance and relevance since we are enforced to spend a considerable time on social media. Its influence has increased considerably from the days of COVID-19. To bring out a realistic picture of the study, an online survey was conducted by strategically using a non-probability purposive sampling method. A structured questionnaire was prepared in precision to the objective of the study to collect the prerequisite data. While designing the questionnaire, a 7-point Likert scale was administered. We made a modest attempt within our country, India, to reach 352 respondents who were willing enough to share their attitudes and opinions on this subject. Their views would allow us to sketch a pertinent picture of the impact of stigmatization in our life.

For analysis purposes, we entirely relied on the Smart PLS Software 4.0.8.2 version for structural equation modelling. Before proceeding with the model, we first administered Common Method Bias (Kock & Lynn,

2012; Kock, 2015) and all inner VIF values of all latent variables as evolved out was less than 3.3. Thus, we could make formidable progress with the model. This software provides adequate dynamism and flexibility in the study as it gives the option for multivariate analytical techniques (Hair et al., 2017; Hair et al., 2019; Nitzl et al., 2016; Richter et al., 2016; Rigdon et al., 2016; Ringle et al., 2014; Ringle et al., 2016; Hair et al., 2020). To explore an odd idea regarding the minimum sample size to conduct the study, we employed G* Power (Faul et al., 2007; Faul et al., 2009) at a 5% level of significance. It comprehensively figures out that 218 samples (effect size $f^2 = 0.05$) were enough to proceed with the analysis.

Table 1: Sample Demographics (N=352)

Demographic Variable	Item	Frequency	Percentage %
Age	Below 30 years	78	22.16
	31 - 40 years	105	29.83
	41 -50 years	92	26.14
	Above 50 years	77	21.87
Gender	Male	194	55.11
	Female	158	44.89
Family Income (per month)	Less than ₹50,000	148	42.04
	₹50,000 - ₹1,00,000	99	28.13
	₹1,00,000 - ₹2,00,000	70	19.89
	More than ₹2,00,000	35	9.94
Occupation	Unemployed	66	18.75
	Self-Employed	113	32.10
	Service Holder	137	38.92
	Retired	36	10.23

3.1 Measurement Scale

To explore the latent variables for our study systematically and scientifically, a structured questionnaire was framed precisely, giving privilege to the two categories of questions - general and specific. The demographic profile points out the heterogenous database as it vividly describes the gender, age, family income, and occupation of the respondents. 28 specific questions were categorically used to identify the respondents' attitudes and opinions concerning the latent variables selected for our study: (1) Depression, (2) Fear, (3) Uncertainty (4) Anxiety, (5) Stigmatization (6) Stress, and (7) Social Isolation and (8) Disequilibrium of life. To be more diligent in our approach, specific questions were framed considering the measurement scales that had already been recommended by the distinguished researchers and it thus gives the prerequisite space to develop the constructs of the study. To fit more in the research study, minor amendments were done to fit in the research content systematically and scientifically, and certain indicators were altered accordingly to make

the study more relevant in the present context. Depression was measured using a scale taken from Depression Inventory Scale MDI. For uncertainty, we have adapted the information or emotional uncertainty scale from the paper 'On a scale of Health Uncertainty' by Poyao Huang published on May 2004. To measure anxiety, we adapted the generalized anxiety disorder 7-item (GAD-7) scale. Stress was precisely assessed by constructing the scale customized by Lait and Wallace (2002). For computing Social Isolation, we adapted UCLA Loneliness Scale (Version 3) (Russell, 1996; and Hughes et al., 2004). Finally, the Disequilibrium of Life was measured by implementing a scale by Fisher et al., 2009. These established scales make the study more comprehensive, apt, and acceptable to the researcher fraternity.

3. Results & Discussions

4.1 Measurement Model Assessment:

It is the primary objective of our research paper to focus on the outer model to ascertain the internal reliability and the convergent validity to proceed with the research work. The confirmatory study has given due emphasis to partial least square structural equation modelling (Schuberth et al., 2018; Nitzl et al., 2016). Construct Reliability and Validity were assessed to compute Stigmatization by using reflective-reflective measurement (Yildirim & Correia, 2015). The score of the latent variable in all four dimensions of Stigmatization was computed at the outset of the two-stage reflective-reflective assessment. In the later part, the second-order construct of our model was measured considering the outputs of the first-order construct. The second-order constructs help us to understand the impact of Stigmatization on the Disequilibrium of life keeping in view the stress and social isolation as mediators. Initially, the internal reliability was assessed based on Cronbach's Alpha, Dijkstra and Henseler's rho, and Composite Reliability. The values of Cronbach's Alpha were quite convincing as these were well above the threshold value of 0.70 (Hair et al., 2017). Again, the values of rho gave us positive feedback since all were also well above the threshold value of 0.70 (Hair et al., 2020). The score of Average Variance Explained is always to be taken care of since it is the most important and its value demands more than 0.50 (Fornell and Larcker, 1981). Every construct in our study proved worthy since all were above 0.50. Again, Composite Reliability is recognized as good to satisfactory if the value lies between 0.7 to 0.9 (Diamantopoulos et al., 2008). Here in our study, the Composite Reliability was quite satisfying since it remained in the range between 0.80 and 0.90. So, we may firmly report that the internal reliability and convergent validity were established and duly pointed out in Table 2. Table 3 once again established the uniqueness of each construct which was enough to justify that we could proceed with our analysis amiably.

Table 2: Construct Reliability & Validity

	Cronbach's alpha	Composite reliability (rho_a)	Composite reliability (rho_c)	Average Variance Extracted (AVE)
Anxiety	0.799	0.832	0.861	0.557
Depression	0.776	0.844	0.864	0.679
Disequilibrium of Life	0.803	0.82	0.864	0.563
Fear	0.831	0.841	0.898	0.747
Social Isolation	0.805	0.825	0.866	0.569
Stress	0.771	0.787	0.852	0.59
Uncertainty	0.831	0.842	0.899	0.748

Table 3: Discriminant Validity using Fornell & Larcker

	Anxiety	**Depression**	**Disequilibrium of Life**	**Fear**	**Social Isolation**	**Stigmatization**	**Stress**	**Uncertainty**
Anxiety	0.746							
Depression	0.653	0.824						
Disequilibrium of Life	0.722	0.712	0.75					
Fear	0.665	0.647	0.651	0.864				
Social Isolation	0.738	0.731	0.713	0.61	0.754			
Stigmatization	0.531	0.437	0.459	0.529	0.406	1		
Stress	0.596	0.538	0.754	0.595	0.505	0.376	0.768	
Uncertainty	0.535	0.449	0.472	0.613	0.448	0.69	0.353	0.865

Apart from considering the traditional method to investigate discriminant validity, an innovative criterion of the Heterotrait-Monotrait ratio of correlations (HTMT) had been precisely employed for this study. As per the HTMT inference method, all HTMT values should be less than 1. Henselar et al. (2015) considered the permissible value to be within 0.85, whereas Gold et al. (2001) were flexible enough to accept any value within 0.90. In this study, the scores of all the constructs that were evolved were within the permissible limit except for two instances. But the values were accepted since they were within the limits of confidence intervals (Shiva et al., 2020) and thereby establishing the uniqueness of each construct which was duly reflected in Table 4 below:

Table 4: Discriminant Validity using HTMT

	Anxiety	Depression	Disequilibrium of Life	Fear	Social Isolation	Stigmatization	Stress	Uncertainty
Anxiety								
Depression	0.814 (0.738; 0.866)							
Disequilibrium of Life	0.905 (0.842; 0.965)	0.895 (0.824; 0.964)						
Fear	0.811 (0.739; 0.877)	0.780 (0.693; 0.857	0.793 (0.706; 0.871)					
Social Isolation	0.941 (0.882; 0.996)	0.927 (0.862; 0.987)	0.892 (0.839; 0.945)	0.739 (0.647; 0.819)				
Stigmatization	0.578 (0.484;	0.465 (0.351;	0.511 (0.397;	0.577 (0.493;	0.449 (0.333;			

	0.644)	0.572)	0.610)	0.656)	0.557)			
Stress	0.742 (0.657; 0.821)	0.649 (0.546; 0.746)	0.917 (0.859; 0.971)	0.733 (0.643; 0.814)	0.621 (0.529; 0.710)	0.421 (0.316; 0.522)		
Uncertainty	0.648 (0.542; 0.748)	0.532 (0.412; 0.646)	0.583 (0.469; 0.687)	0.737 (0.653; 0.814)	0.548 (0.434; 0.659)	0.755 (0.688; 0.817)	0.429 (0.318; 0.540)	

4.2 Structural Model Assessment

In the Structural Model Assessment, it is of dire need to measure the relationship between the constructs and predictive relevance (Hair et al., 2017). For this study, the bootstrapping process was administered with recommended 5000 bootstraps. It helped us to find out the score of p values and it is of absolute necessity to assume the hypothesis for the study (Hair et al., 2020). In the beginning, each set of the predictor constructs of the structural inner model was measured to check and verify the collinearity issues (Cassel et al., 1999). The values of tolerance and inflation factor (VIF) are to be given due emphasis. Diamantopoulos et al., (2008) suggested the VIF value should lay below 3.33, and here in this study, the value of the constructs like stigmatization, stress, and social isolation was considerably lower than the threshold value. So we may rightly point out that no collinearity issue was involved in it. After that, it is of immense need to comprehend the importance and significance of Path Coefficients. Ideally, the coefficients are expected to be between -1 and +1 and it is only accepted when the bootstrapping process is used precisely with 5000 sub-samples in the PLS algorithm. In this study, Stigmatization was considered as a second-order construct, and all four reflective constructs whose latent variable scores were accepted as formative assessments. The outer weights of all constructs were strikingly at the 1 percent level and most importantly dissimilar from zero. The structural model assessment was readily depicted in Fig. 2 below. The coefficient of determination (R^2) for endogenous construct was also specifically measured for our study. The variance in each of the endogenous construct is generally understood by R^2 and the threshold value of R^2 depends upon the basis of the context. Even the low value of R^2 is having its worth in PSL-SEM analysis (Raithel et al., 2012). Social Science even accepted the value of 0.20 as high (Rasoolimanesh et al., 2017). In our study, the value of R^2 for Stress was 0.425, social isolation was 0.647 and that of Disequilibrium of Life is 0.748. From the perspective of Social Science, all the values of the endogenous constructs are satisfactory (Hair et al., 2017). Thus we can firmly state that Stigmatization has an overall influence directly on the Disequilibrium of Life and indirectly on stress and social isolation.

To evaluate the goodness of fit, the researchers rely on the Standardized Root Mean-square Residual (SRMR). SRMR proves to play a pivotal role to examine the goodness of fit for the assessment of the model (Hair et al., 2020). The maximum value of SRMR is 0.08 (Henseler et al., 2016; Hu & Bentler, 1999). In our study, the SRMR value is 0.077 and it thus established the fact that structural model and hypothesis testing can do justice to the analysis.

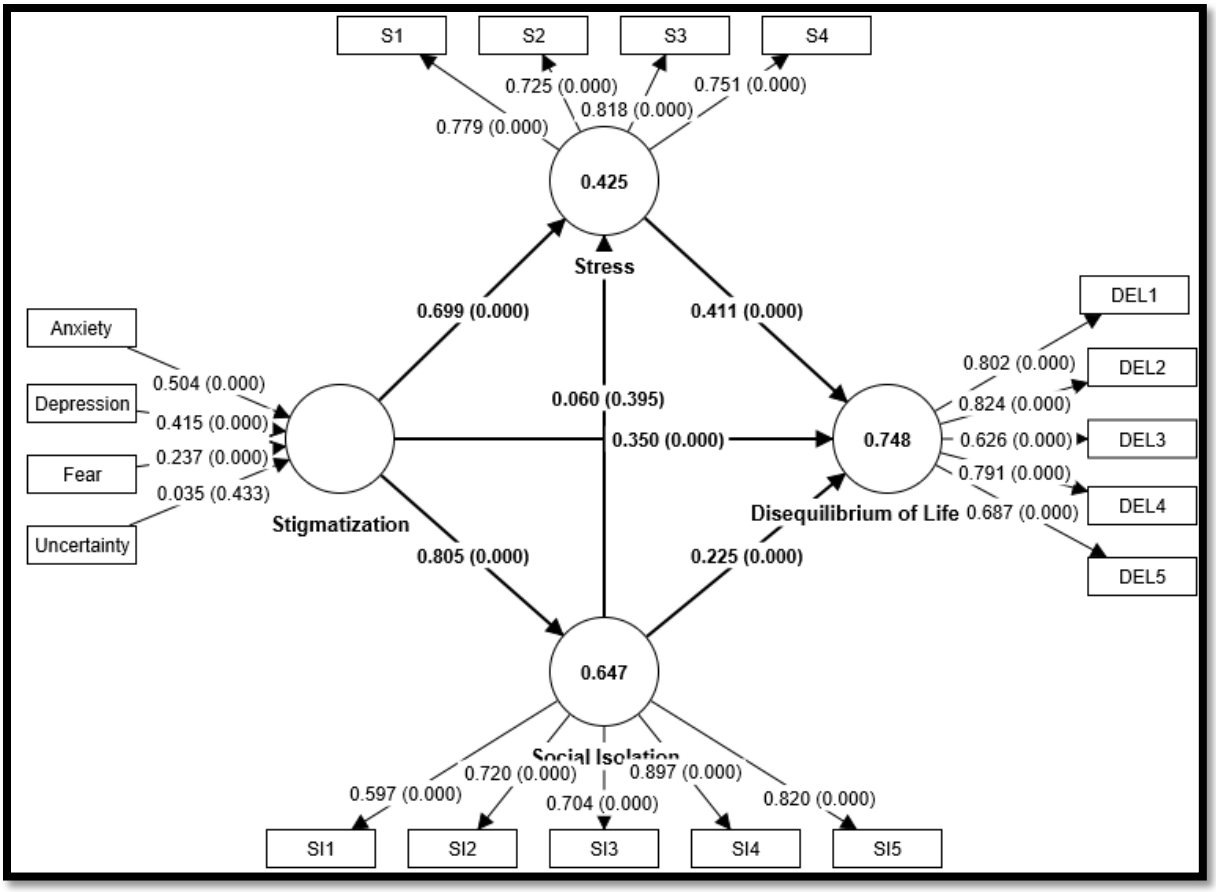

Figure 2: Structural Model Assessments with Control Variables

Table 5 and Table 6 specifically lay out the fact that Stigmatization has a positive impact on stress, social isolation, and the Disequilibrium of Life. F^2 and Q^2 were also computed to find out the predictive importance and relevance. Cohen (1998) expounded on the proposed limit. To understand the degree of impact of the exogenous construct on the endogenous construct, we need to see if the scores are within 0.02 (no effect), between 0.02-0.15 (small effect), between 0.15 – 0.35 (moderate effect), and above 0.35 (large effect).

Table 5: F^2 Value

Relationship	F^2 Value
Social Isolation -> Disequilibrium of Life	0.071
Social Isolation -> Stress	0.002
Stigmatization -> Disequilibrium of Life	0.132
Stigmatization -> Social Isolation	1.835
Stigmatization -> Stress	0.300
Stress -> Disequilibrium of Life	0.385

Henceforth, all exogenous constructs have a positive influence over endogenous constructs except social isolation on stress.

Richter (2016) pointed out that any Q^2 value above 0.02 means it has predictive power. The following table was enough to state that there was a significant impact of the independent constructs in the conceptual model of the study.

Table 6: Q^2 Value

Endogenous Constructs	Q^2 predict
Disequilibrium of Life	0.628
Social Isolation	0.64
Stress	0.414

Table 7: Result of Hypotheses Testing

Hypothesis	Relationship	Type of Effect	Original Est.	T statistics	CI 2.50%	CI 97.50%	Supported
H_1	Stigmatization -> Stress	Direct	0.699	10.615	0.581	0.839	Yes
H_2	Stress -> Disequilibrium of Life	Direct	0.411	9.572	0.326	0.495	Yes
H_3	Stigmatization -> Social Isolation	Direct	0.805	37.261	0.761	0.845	Yes
H_4	Social Isolation -> Disequilibrium of Life	Direct	0.225	4.541	0.127	0.321	Yes
H_5	Social Isolation -> Stress	Direct	-0.06	0.85	-0.21	0.069	No
H_6	Stigmatization -> Disequilibrium of Life	Total	0.35	5.695	0.227	0.469	Yes
H_7	Stigmatization -> Stress -> Disequilibrium of Life	Indirect (Mediator)	0.287	7.035	0.216	0.376	Yes
H_8	Stigmatization -> Social Isolation -> Disequilibrium of Life	Indirect (Mediator)	0.181	4.524	0.102	0.259	Yes
H_9	Stigmatization -> Social Isolation -> Stress -> Disequilibrium of Life	Indirect (Serial Mediation)	-0.02	0.828	-0.072	0.023	No

4.3 Mediation Effect

The significance of the path coefficients had been evaluated considering the t-value and the bias-corrected confidence interval with the help of bootstrapping to examine the direct effects. The findings of our study reflect that there is a significant impact of stigmatization on the disequilibrium of life.

In our study, stress and social isolation are duly considered as two mediators between stigmatization and the disequilibrium of life. So there is a dire need to assess the indirect effect as well. Inspite of several approaches to assess the mediation effect, Hayes and Scharkow (2013) suggested a simulation study to compute the product of coefficients of indirect effects using the bootstrapping approach. By employing this approach, the results significantly support each of the indirect effects we had hypothesized. Thus, the findings confirm the fact that a partial complementary mediating effect is there in our study. It reflects in Table 8 and Table 9 below:

4.3.1 When stress is considered a mediator:

Table 8: Direct, Indirect and Total effects

Predecessor Constructs	Direct Effects on disequilibrium of life	Indirect Effects on disequilibrium of life	Total Effects on disequilibrium of life	Significance of Total Effects?
Stigmatization	0.350	0.287	0.637	Yes
Disequilibrium of Life	0.797	---	0.797	Yes

4.3.2 When social isolation is considered a mediator:

Table 9: Direct, Indirect, and Total effects

Predecessor Constructs	Direct Effects on disequilibrium of life	Indirect Effects on disequilibrium of life	Total Effects on disequilibrium of life	Significance of Total Effects?
Stigmatization	0.350	0.181	0.531	Yes
Disequilibrium of Life	0.797	---	0.797	Yes

To establish the fact further regarding the mediating role, the below Table 10 has once again reconfirmed the above facts.

Table: 10: Direct, Indirect and Total effects

Relationship	Estimate	P Value
Stigmatization -> Stress -> Disequilibrium of Life	0.287	0
Stigmatization -> Social Isolation -> Disequilibrium of Life	0.181	0
Stigmatization -> Disequilibrium of Life	0.350	0

4.4 Importance-Performance Map Analysis

Table 11: Importance-Performance Map
(Construct Wise Unstandardized Effects)

Constructs	Importance	Performances
Social Isolation	0.200	71.948
Stigmatization	0.798	61.137
Stress	0.411	44.842
Mean Value	0.470	59.309

In Table 11 we made a humble attempt to assess the total effects of stigmatization, stress, and social isolation on the disequilibrium of Life. The performance of Disequilibrium of Life as evolved out in our study was 62.243.

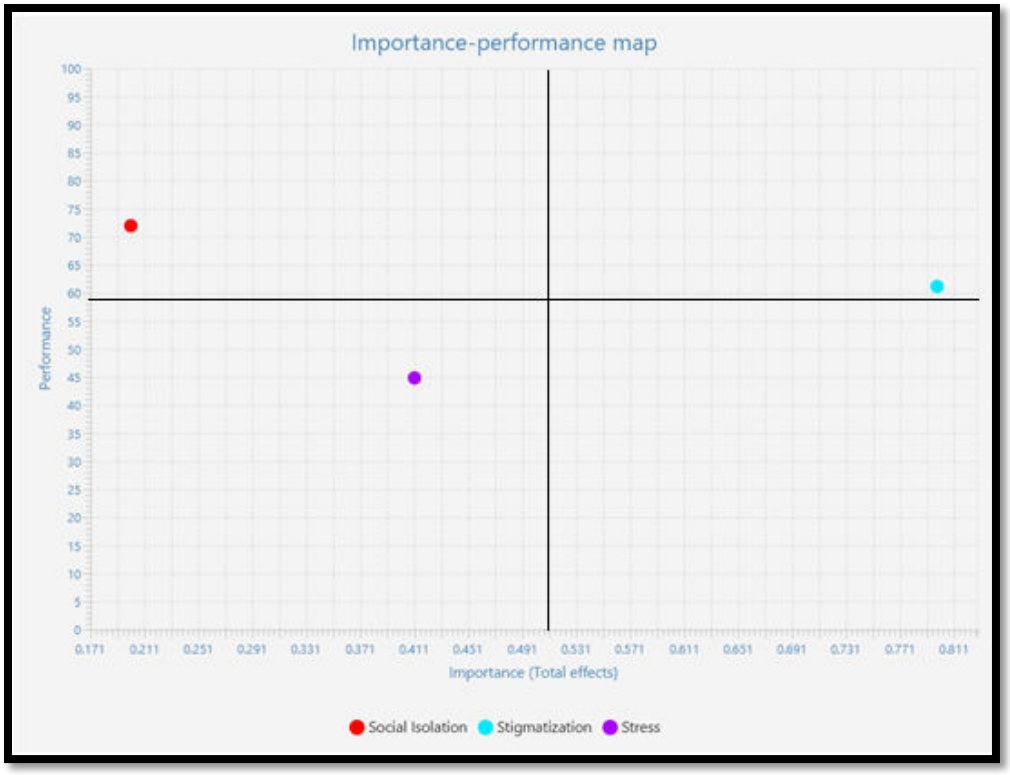

Figure 3: Adjusted Importance Performance Matrix for Purchase Intention

From Fig. 3, it can be stated that if there is an increase in one unit of stress from 44.842 to 45.842, the Balance of Life should somehow be distorted to 62.654 with a total effect of 0.411. Again, if there is a gradual rise of one unit of social isolation from 71.948 to 72.948, the Disequilibrium of life would be 62.443 with a total effect of 0.20. Similarly, if the stigmatization gets hindered by one unit from 61.137 to 62.137, the Disequilibrium of Life would be 63.041 with a total effect of 0.798. Thus, we can precisely establish that the

Equilibrium of life is to a certain extent influenced by stigmatization, stress, and social isolation. So we have to be very judicious in assessing anything to restore the mental peace in our life.

4. Conclusion and Managerial Implications

In this study, we made a modest attempt to apprehend how stigmatization has an impact on the balance of life. The impact of depression, anxiety, fear, and uncertainty leads to stigmatization which hinders any provision for progress. Stigmatization plays a pivotal role to increase stress in life and it is often seen that it even leads to social isolation. Stress not only tells upon our physical health but also distorts mental peace destroying the positivity of our life. Social isolation, in contrary, invites stereotyping and prejudices in our life and thus distract us from mingling with society. It makes one wearisome, and frustrated, and that evokes disgust in our life. This syndrome stands against any positive outcome of our life. It is also wise to specify that stigmatization has a direct influence on the disequilibrium of our life, while stress and social isolation have an indirect influence to distort the balance of our lives and as it implores the mediating role which can hardly be ignored. Thus it adversely implies our perception, thought, and acting. These indeed induce a barrier in us and these can only be overcome by being more social and rational. Thus, if we manage to change the outlook of our life, it will give the required impetus to be optimistic in life and thus reinstate the mental peace in our life. Our positive consideration would uplift us to earn rich dividends in our life.

5. Future Research Directions

By contributing to understand the impact of stigmatization on maintaining the balance of our life, our study would add a new perspective to the genre of research, which is to assess the influence of stigmatization on the equilibrium of life considering the effect of mediation – stress and social isolation, on the general population at large.

Future researchers may concentrate to evaluate the means to overcome depression, uncertainty, anxiety, and fear of life. They should provide a new insight to bring forth agility in our mundane life. The jovialness gives us the prerequisite momentum to get rid of fear, uncertainty, depression, and anxiety in our lives and thus we can overcome the stress and social isolation which imply an adverse impact on our life. It would have been better if we could study few some more mediators in between stigmatization and the balance of our life. Future researchers may ponder over it as well. Again, it is true that stigmatization, stress, and social isolation on disequilibrium of life also vary on a certain parameter. It would have been even better if we could assess the effect of certain moderators, such as income level, gender, etc. The computation of moderating effect may make the study appear to be more logical and rational. We can hope that future researchers may focus on these aspects and, in turn, evaluate the means to restore mental peace for the general population to make lives safe and secure from various odds.

Appendix I: Measurement Scales Used

Construct I: Fear

F 1	I am always panic-stricken.	7 point Likert 1=Totally Disagree 7= Totally Agree
F 2	I am uncertain about the future outcome of my life.	
F 3	I always feel insecure.	

Construct II: Depression [adapted major Depression Inventory Scale MDI]

D 1	There is always a lack of energy and strength.	7 point Likert 1=Totally Disagree 7= Totally Agree
D 2	I always feel less confident.	
D 3	I feel subdued or slow down.	

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Construct III: Uncertainty [adapted from the information or emotional uncertainty scale from the paper 'on a scale of Health Uncertainty' by Poyao Huang published on May 2004]

U 1	I am not sure if should I feel fearful about my situation.	7 point Likert 1=Totally Disagree 7= Totally Agree
U2	I am not sure if should I worry about my situation.	
U 3	I am not sure whether or not the information has multiple meanings/interpretations.	

Construct IV: Anxiety [adapted from the generalized anxiety disorder 7-item (GAD-7) scale]

A 1	Not able to stop or control worrying.	7 point Likert 1=Totally Disagree 7= Totally Agree
A 2	Worrying too much about different things.	
A 3	Being so restless, it is hard to sit still.	
A 4	Feeling nervous, anxious, or on edge.	
A 5	Feeling afraid as something awful might happen.	

Construct IV: Social Isolation [adapted from UCLA Loneliness Scale (Version 3), 1996; Russell (1996); Hughes et al. (2004) reported that these three items showed good psychometric validity and reliability for the construct of Loneliness]

SI 1	There is no one I can turn to closely including my family and friends	7 point Likert 1=Totally Disagree 7= Totally Agree
SI 2	I do feel myself apart from a social group to which I belong.	
SI 3	My social relationships are becoming superficial so I do not find companionship	
SI 4	I do not feel that my ideas and interests are shared with real persons around me	
SI 5	No one really knows me well.	

Construct VI: Stress (last three items adapted from Lait and Wallace, 2002)

S 1	I am upset and nervous about the unexpected crisis that crops up in our life.	7 point Likert 1=Totally Disagree 7= Totally Agree
S 2	I am afraid to take care of my personal problems.	
S 3	I feel many things are beyond my control and ability while working from home.	
S 4	I feel frustrated with my work from home.	
S 5	I feel unable to get out of my work during working from home.	

Construct VII: Disequilibrium of Life (first four items adapted from Diener (1984) cited in Samman, 2007, Fisher et al., 2009)

DOL 1	My life becomes worse than my ideal	7 point Likert 1=Totally Disagree 7= Totally Agree
DOL 2	I am not satisfied with my new personal life	
DOL 3	If I could live my life over, I will change my social	

	relatedness and relationships with others.	
DOL 4	The conditions of my life are becoming not good.	
DOL 5	I am always in a state of dilemma.	

Statements and Declarations

We the authors of the article hereby declare that:

- We did not receive support from any organization for the submitted work.
- We have no relevant financial or non-financial interests to disclose.
- We have no competing interests to declare that are relevant to the content of this article.

References:

1. *Ahorsu, D. K., Lin, C.Y., Imani, V., Saffari, M., Griffiths, M. D., & Pakpour, A. H. (2022). The Fear of COVID-19 Scale: Development and Initial Validation. Int. J. Ment. Health Addict, 20(3), 1537–1545.*
2. *Andersson L. (1998). Loneliness Research and Interventions: A Review of The Literature. Aging Ment Health, 2(4), 264–274..*
3. *Asmundson, G. J. G., & Taylor, S. (2020b). How Health Anxiety Influences Responses to Viral Outbreaks Like COVID-19: What All Decision-Makers, Health Authorities, and Health Care Professionals Need to Know. J. Anxiety Disord, 71, 102211.*
4. *Bai, Y., Lin, C., Lin, C. Y., Chen, J., Chue, C. M., & Chou, P. (2004). Survey of stress reactions among health care workers involved with the sars outbreak. Psychiatric Serv, 55(9), 1055–1057.*
5. *Banerjee, D. & Rai, M. (2020). Social isolation in Covid-19: The impact of loneliness, International Journal of Social Psychiatry, 66(6), 525-527.*
6. *Barratt, R., Shaban, R., & Moyle, W. (2010). Behind barriers: Patients' perceptions of source isolation for Methicillin-resistant Staphylococcus aureus (MRSA). Australian Journal of Advanced Nursing, 28(2), 53–59.*
7. *Bartlett, J.E. & Bartlett, M.E. (2011). Workplace bullying: An integrative literature review. Advances in Developing Human Resources, 13(1), 69–84..*
8. *Bavel, J.J.V., Baicker, K., Boggio, P.S. et al. (2020).Using social and behavioural science to support COVID-19 pandemic response. Nature Human Behaviour, 4, 460–471. .*
9. *Berger, B. E., Ferrans, C. E., & Lashley, F. R. (2001). Measuring Stigma in People with HIV: Psychometric Assessment of the HIV Stigma Scale. Research in Nursing & Health, 24, 518-529.*
10. *Borge, L., Martinsen, E.W., Ruud, T., Watne, O., & Friis, S. (1999). Quality of life, loneliness, and social contact among long-term psychiatric patients. Psychiatric Services, 50(1), 81-84.*
11. *Brohan, E., Slade, M., Clement, S., & Thornicroft, G. (2010). Experiences of mental illness stigma, prejudice and discrimination: a review of measures. BMC Health Services Research, 10, 80.*
12. *Brooks, S.K., Webster, R.K., Smith, L.E., Woodland, L., Wessely, S., Greenberg, N., et al. (2020). The psychological impact of quarantine and how to reduce it: rapid review of the evidence. Lancet. 395(10227), 912–920..*
13. *Cacioppo, J.T., Hughes, M.E., Waite, L.J., Hawkley, L.C., & Thisted, R.A. (2006). Loneliness as a specific risk factor for depressive symptoms: cross-sectional and longitudinal analyses. Psychol Aging. 21(1), 140–151.*

14. *Carpiniello, B., & Pinna, F. (2017). The Reciprocal Relationship between Suicidality and Stigma. Front. Psychiatry, 8, 35.*
15. *Cassel, C., Hackl, P., & Westlund, A.H. (1999). Robustness of Partial Least-Squares Method for Estimating Latent Variable Quality Structures, Journal of Applied Statistics, 26, 435-446.*
16. *Catano, V., Francis, L., Haines, T., Kirpalani, H., Shannon, H., Stringer, B., & Lozanzki, L. (2010). Occupational stress in Canadian universities: A national survey. International Journal of Stress Management, 17(3), 232–258.*
17. *Catthoor, K., Hutsebaut, J., Schrijvers, D., De Hert M, Peuskens, J., & Sabbe, B. (2014). Preliminary study of associative stigma among trainee psychiatrists in Flanders, Belgium. World J Psychiatry. 4(3), 62-68..*
18. *Cauchemez, S., Nouvellet, P., Cori, A., Jombart, T., Garske, T., Clapham, H., et al. (2016). Unraveling the drivers of MERS-CoV transmission. Proc Natl Acad Sci USA, 113(32), 9081-9086.*
19. *Clinton, M., Lunney, P., Edwards, H., Weir, D., & Barr, J. (1998). Perceived social support and community adaptation in schizophrenia. J Adv Nurs, 27(5), 955–965.*
20. *Cohen, J. (1988). Statistical Power Analysis for the Behavioral Sciences, (2nd Ed). Hillsdale, NJ: Lawrence Erlbaum Associates.*
21. *Corbiere, M., Zaniboni, S, Lecomte, T., Bond, G., Gilles, P.Y., Lesage, A,, et al. (2011). Job acquisition for people with severe mental illness enrolled in supported employment programs: A theoretically grounded empirical study. Journal of Occupational Rehabilitation, 21(3), 342–354.*
22. *Corrigan, P. W., Larson, J. E., & Kuwabara, S. A. (2010). Social psychology of the stigma of mental illness: Public and self-stigma models. In J. E. Maddux & J. P. Tangney (Eds.), Social psychological foundations of clinical psychology (pp. 51–68). The Guilford Press.*
23. *Corrigan, P. (2005). On the stigma of mental illness. Practical strategies for research and social change. Washington, D.C. American Psychological Association.*
24. *Corrigan, P.W., & Penn, D.L. (1999). Lessons from social psychology on discrediting psychiatric stigma. American Psychologist, 54(9), 765–776.*
25. *Corrigan, P.W., & Shapiro, J.R. (2010). Measuring the impact of programs that challenge the public stigma of mental illness. Clinical Psychology Review, 30(8), 907–922.*
26. *Corrigan, P.W., Larson, J.E., Watson, A.C., Boyle, M., & Barr, L. (2006). Solutions to discrimination in work and housing identified by people with mental illness. The Journal of Nervous and Mental Disease, 194(9), 716–718.*
27. *Corrigan, P.W., Watson, A.C., & Barr, L. (2006). The Self? Stigma of Mental Illness: Implications for Self? Esteem and Self? Efficacy. Journal of Social and Clinical Psychology, 25(8), 875–884. Corrigan, P.W., Watson, A.C., & Miller F.E. (2006). Blame, shame, and contamination: the impact of mental illness and drug dependence stigma on family members. J Fam Psychol. 20, 239–246.*
28. *Crisp, A., Gelder, M., Rix, S., Meltzer, H., & Rowlands, O. (2000). Stigmatisation of people with mental illnesses. British Journal of Psychiatry, 177(1), 4-7.*
29. *Crocker, J., Major, B. & Steele, C. (1998). Social Stigma. In: Gilbert, D.T., Fiske, S.T. and Lindzey, G., Eds., The Handbook of Social Psychology, 4th Ed, Vol. 2. Academic Press, New York, 504-553.*
30. *Deitch, E. A., Barsky, A., Butz, R. M., Chan, S., Brief, A. P., & Bradley, J. C. (2003). Subtle Yet Significant: The Existence and Impact of Everyday Racial Discrimination in the Workplace. Human Relations, 56(11), 1299–1324.*
31. *DeNiro D. A. (1995). Perceived alienation in individuals with residual-type schizophrenia. Issues Ment Health Nurs. 16(3), 185–200.*
32. *Diamantopoulos, A. (2008). Formative Indicators: Introduction to the Special Issue, Journal of Business Research, 61(12), 1201– 1202.*
33. *Dörner, D., & Güss, C. D. (2013). PSI: A Computational Architecture Of Cognition, Motivation, And Emotion. Review of General Psychology, 17(3), 297–317.*

34. *Dsouza, D. D., Quadros, S., Hyderabadwala, Z. J., & Mamun, M. A. (2020). Aggregated COVID-19 suicide incidences in India: fear of COVID-19 infection is the prominent causative factor. Psychiatry Res. 290, 113145.*
35. *Dubey, S., Biswas, P., Ghosh, R., Chatterjee, S., Dubey, M. J., Chatterjee, S., Lahiri, D., & Lavie, C.J. (2020). Psychosocial impact of COVID-19. Diabetes Metab. Syndr. 14(5), 779–788.*
36. *Einarsen, S. (1999), The nature and causes of bullying at work, International Journal of Manpower, 20(1/2), 16-27.*
37. *Einarsen, S., Hoel, H., Zapf, D., & Cooper, C. L. (2003). Bullying and Emotional Abuse in the Workplace: International Perspectives in Research and Practice. Taylor & Francis.*
38. *Faul, F., Erdfelder, E., Buchner, A. & Lang, A.G. (2009). Statistical Power Analyses Using G*Power 3.1: Tests for Correlation and Regression Analyses, Behavior Research Methods, 41, 1149-1160.*
39. *Faul, F., Erdfelder, E., Lang, A. G., & Buchner, A. (2007). G*Power 3: A Flexible Statistical Power Analysis Program for the Social, Behavioral, and Biomedical Sciences, Behavior Research Methods, 39(2), 175-191.*
40. *Feig, S. A. (1992). Breast masses. Mammographic and sonographic evaluation. Radiol Clin North Am., 30(1), 67–92.*
41. *Fisher, G. G., Carrie, A., Bulger, & Carlla, S. Smith. (2009). Beyond Work and Family: A Measure of Work/Nonwork Interference and Enhancement, Journal of Occupational Health Psychology, 14(4), 441–456.*
42. *Fornell, C., & Larcker, D. F. (1981). Evaluating Structural Equation Models with Unobservable Variables and Measurement Error. Journal of Marketing Research, 18(1), 39–50.*
43. *Fung, K.M., Tsang, H.W., & Corrigan, P.W. (2008). Self-stigma of people with schizophrenia as predictor of their adherence to psychosocial treatment. Psychiatr Rehabil J., 32(2), 95–104.*
44. *Garety, P.A., Kuipers, E., Fowler, D., Freeman, D., & Bebbington, P.E. (2001). A cognitive model of the positive symptoms of psychosis. Psychol Med., 31(2), 189–195.*
45. *Goffman, E. (1963). Stigma: Notes on the Management of Spoiled Identity. Englewood Cliffs, NJ: Prentice Hall.*
46. *Gold, A. H., Malhotra, A. & Segars, A. H. (2001). Knowledge Management: An Organizational Capabilities Perspective. Journal of Management Information Systems, 18(1), 185-214.*
47. *Goldsmith, S.K., Pellmar, T.C., Kleinman, A.M., & Bunney, W.E. (2002). Reducing suicide: a national imperative. Washington, DC: National Academy Press.*
48. *Hair, J. F., Howard, M. & Christian, N. (2020). Assessing Measurement Model Quality In PLS-SEM Using Confirmatory Composite Analysis, Journal of Business Research, 109, 101–110.*
49. *Hair, J. F., Hult, G. T. M., Ringle, C., & Sarstedt, M. (2017). A Primer on Partial Least Squares Structural Equation Modeling (PLS-SEM), (2nd Ed), Thousand Oaks, CA: SAGE Publications.*
50. *Hair, J.F., Sarstedt, M. & Ringle C.M. (2019). Rethinking Some of the Rethinking of Partial Least Squares. European Journal of Marketing Forthcoming, 53(4), 566-584.*
51. *Hardie, E., Kashima, E. S., & Pridmore, P. (2005). The Influence of Relational, Individual and Collective Self-Aspects on Stress, Uplifts and Health. Self and Identity, 4(1), 1–24.*
52. *Hasson-Ohayon, I, Levy, I, Kravetz, S, Vollanski-Narkis, A, & Roe, D. (2011). Insight into mental illness, self-stigma, and the family burden of parents of persons with a severe mental illness. Compr Psychiatry, 52(1), 75–80.*
53. *Hayes, A. F., & Scharkow, M. (2013). The relative trustworthiness of inferential tests of the indirect effect in statistical mediation analysis: Does method really matter? Psychological Science, 24(10), 1918–1927.*
54. *Henseler, J., Hubona, G.S. & Ray, P.A. (2016). Using PLS Path Modeling in New Technology Research: Updated Guidelines. Industrial Management & Data Systems, 116, 1-19.*
55. *Henseler, J., Ringle, C.M. & Sarstedt, M. (2015). A New Criterion for Assessing Discriminant Validity in*

Variance-based Structural Equation Modeling, Journal of the Academy of Marketing Science, 43(1), 115-135.

56. *Hu, L. T., & Bentler, P. M. (1999). Cutoff Criteria for Fit Indexes in Covariance Structure Analysis: Conventional Criteria versus New Alternatives. Structural Equation Modeling: A Multidisciplinary Journal, 6(1), 1–55.*
57. *Huang, Y., & Zhao, N. (2020). Generalized anxiety disorder, depressive symptoms and sleep quality during COVID-19 outbreak in China: a web-based cross-sectional survey. Psychiatry Res. 288, 112954.*
58. *Hughes, M. E., Waite, L. J., Hawkley, L. C., & Cacioppo, J. T. (2004). A short scale for measuring loneliness in large surveys results from two population-based studies. Research on Aging. 26(6), 655-672.*
59. *Kadri, N., Manoudi, F., Berrada, S., & Moussaoui, D. (2004). Stigma impact on Moroccan families of patients with schizophrenia. Can J Psychiatry. 49(9), 625–629.*
60. *Kisely, S., Warren, N., McMahon, L., Dalais, C., Henry, I., Siskind, D. (2020). Occurrence, prevention, and management of the psychological effects of emerging virus outbreaks on healthcare workers: rapid review and meta-analysis. BMJ. 369.*
61. *Kock, N. (2015). Common method bias in PLS-SEM: A full collinearity assessment approach. International Journal of e-Collaboration, 11(4), 1-10.*
62. *Kock, N., & Lynn, G.S. (2012). Lateral collinearity and misleading results in variance-based SEM: An illustration and recommendations. Journal of the Association for Information Systems, 13(7), 546-580.*
63. *Kohll, A. (n.d.). The Evolving Definition of Work-Life Balance. Retrieved September 22, 2022, from Forbes website www.forbes.com*
64. *Leymann, H. (1996). The content and development of mobbing at work. Eur. J. Work Organ. Psychol, 5(2), 165–184.*
65. *Li, S., & Zhang, Y. (2020). Mental healthcare for psychiatric inpatients during the COVID-19 epidemic. Gen. Psychiatry, 33(2), e100216.*
66. *Li, S., Wang, Y., Xue, J., Zhao, N., & Zhu, T. (2020). The Impact of COVID-19 Epidemic Declaration on Psychological Consequences: A Study on Active Weibo Users. International Journal of Environmental Research and Public Health, 17(6), 2032.*
67. *Link, B., Struening, E., Cullen, F., Shrout, P., & Dohrenwend, B. (1989). A modified labeling theory approach to mental disorders: an empirical assessment. American Sociological Review, 54(3), 400–423.*
68. *Luanaigh, C.O., & Lawlor, B.A., (2008). Loneliness and the health of older people. Int J Geriatr Psychiatry, 23(12), 1213–1221.*
69. *Lysaker, P.H., Yanos, P.T., Outcalt, J., & Roe, D. (2010). Association of Stigma, Self-esteem, and Symptoms with Concurrent and Prospective Assessment of Social Anxiety in Schizophrenia. Clin Schizophr Relat Psychoses. 4(1), 41–48.*
70. *Mamun, M. A., & Griffiths, M. D. (2020). First COVID-19 suicide case in Bangladesh due to fear of COVID-19 and xenophobia: possible suicide prevention strategies. Asian J. Psychiatr, 51, 102073.*
71. *Mamun, M. A., & Ullah, I. (2020). COVID-19 suicides in Pakistan, dying off not COVID-19 fear but poverty? – The forthcoming economic challenges for a developing country. Brain Behav. Immun, 87, 163–166.*
72. *Mamun, M. A., Bodrud-Doza, M., & Griffiths, M. D. (2020a). Hospital suicide due to non-treatment by healthcare staff fearing COVID-19 infection in Bangladesh? Asian J. Psychiatr, 54, 102295.*
73. *Martin, J.K., Pescosolido, B.A., Olafsdottir, S., McLeod, J.D. (2007). The construction of fear: Americans' preferences for social distance from children and adolescents with mental health problems. Journal of Health and Social Behavior, 48(1), 50–67.*
74. *Mgutshini, T. (2010). Risk factors for psychiatric re-hospitalization: an exploration. Int J Ment Health Nurs, 19(4), 257–267.*

75. *Mooney, S.J., & El-Sayed, A.M. (2016). Stigma and the etiology of depression among the obese: An agent-based exploration. Soc. Sci. Med. 148, 1–7.*
76. *Naeem, S.B., & Bhatti, R. (2020). The Covid-19 'infodemic': A new front for information professionals. Health Inf. Libr. J, 37, 233–239.*
77. *Nitzl, C., Roldan, J. L. & Cepeda, G. (2016). Mediation Analysis in Partial Least Squares Path Modeling: Helping Researchers Discuss More Sophisticated Models, Industrial Management & Data Systems, 116(9), 1849-1864.*
78. *Ornell, F., Schuch, J. B., Sordi, A. O., & Kessler, F. H. P. (2020). Pandemic fear and COVID-19: Mental health burden and strategies. Brazilian Journal of Psychiatry, 42(3), 232-235.*
79. *Ostman, M. (2004). Family burden and participation in care: differences between relatives of patients admitted to psychiatric care for the first time and relatives of re-admitted patients. J Psychiatr Ment Health Nurs, 11(5), 608–613.*
80. *Ostman, M., & Kjellin, L. (2002). Stigma by association: Psychological factors in relatives of people with mental illness. British Journal of Psychiatry, 181(6), 494-498.*
81. *Palumbo, C., Volpe, U., Matanov, A., Priebe, S., & Giacco, D. (2015). Social networks of patients with psychosis: a systematic review. BMC Res Notes, 8, 560.*
82. *Pescosolido, B.A., Fettes, D.L., Martin, J.K., Monahan, J., & McLeod, J.D. (2007a) Perceived dangerousness of children with mental health problems and support for coerced treatment. Psychiatric Services, 58(5), 619–625.*
83. *Pescosolido, B.A., Martin, J.K., Long, J.S., Medina, T.R., Phelan, J.C., & Link, B.G. (2010). A disease like any other? A decade of change in public reactions to schizophrenia, depression, and alcohol dependence. Am J Psychiatry. 167, 1321–1330.*
84. *Pfefferbaum, B., & North, C. S. (2020). Mental health and the Covid-19 Pandemic. N. Engl. J. Med, 383(6), 510–512.*
85. *Phelan, J.C, Bromet, E.J., & Link, B.G. (1998). Psychiatric illness and family stigma. Schizophr Bull. 24, 115–126.*
86. *Phillips, M.R., Pearson, V., Li, F., Xu, M., & Yang, L. (2002). Stigma and expressed emotion: a study of people with schizophrenia and their family members in China. Br J Psychiatry, 181, 488–493.*
87. *Pryor, J.B., Reeder, G.D., & Monroe, A.E. (2012). The infection of bad company: Stigma by association. J. Personal. Soc. Psychol, 102(2), 224-241.*
88. *Qiu, J., Shen, B., Zhao, M., Wang, Z., Xie, B., & Xu, Y. (2020). A nationwide survey of psychological distress among Chinese people in the COVID19 epidemic: implications and policy recommendations. Gen. Psychiatry, 33(2), e100213.*
89. *Quinn, D.M., & Chaudoir, S.R. (2009). Living with a concealable stigmatized identity: The impact of anticipated stigma, centrality, salience, and cultural stigma on psychological distress and health. J. Personal. Soc. Psychol, 97(4), 634-651.*
90. *Raithel, S., Sarstedt, M., Scharf, S. & Schwaiger, M. (2012). On the Value Relevance of Customer Satisfaction. Multiple Drivers and Multiple Markets, Journal of the Academy of Marketing Science, 40(4), 1-17.*
91. *Rasoolimanesh, S. M., Jaafar, M., Kock, N., & Ahmad, A. G. (2017). The Effects of Community Factors on Residents' Perceptions toward World Heritage Site Inscription and Sustainable Tourism Development, Journal of Sustainable Tourism, 25(2), 198–216.*
92. *Restubog, S. L. D., Ocampo, A. C. G., & Wang, L. (2020). Taking control amidst the chaos: emotion regulation during the COVID-19 pandemic. J. Vocat. Behav. 119, 103440.*
93. *Richman, N.E., & Sokolove, R.L. (1992). The experience of aloneness, object representation, and evocative memory in borderline and neurotic patients. Psychoanal Psychol. 9(1), 77–91.*
94. *Richter, N.F., CepedaCarrión, G., & Roldán, J.L. (2016). European Management Research Using Partial*

Least Squares Structural Equation Modeling (PLS-SEM): Editorial. European Management Journal, 34(6), 589-597.

95. *Rigdon, E.E. (2016). Choosing PLS Path Modeling as Analytical Method in European Management Research: A Realist Perspective. European Management Journal, 34(6), 598-605.*
96. *Ringle, C.M., & Sarstedt, M. (2016). Gain More Insight from Your PLS-SEM Results: The Importance-Performance Map Analysis. Industrial Management & Data Systems, 116(9), 1865-1886.*
97. *Ringle, C.M., Sarstedt, M. & Schlittgen, R. (2014). Genetic Algorithm Segmentation in Partial Least Squares Structural Equation Modeling, OR Spectrum, 36(1), 251- 276.*
98. *Russell, D. (1996). UCLA Loneliness Scale (Version 3): Reliability, validity, and factor structure. Journal of Personality Assessment, 66, 20-40.*
99. *Ryan, R.M. & Deci, E.L. (2017). Self-Determination Theory: Basic Psychological Needs In Motivation, Development, and Wellness. New York: Guilford Publishing.*
100. *Sakib, N., Bhuiyan, A. K. M. I., Hossain, S., Al Mamun, F., Hosen, I., Abdullah, A. H., et al. (2020). Psychometric validation of the bangla fear of COVID19 scale: confirmatory factor analysis and rasch analysis. Int. J. Ment. Health Addict, 1–12.*
101. *Sartorius, N, Gaebel, W, Cleveland, H.R., Stuart, H., Akiyama, T., Arboleda-Flórez, J., Baumann, A.E., Gureje, O., Jorge, M.R., Kastrup, M., et al. (2010). WPA guidance on how to combat stigmatization of psychiatry and psychiatrists. World Psychiatry. 9, 131–144.*
102. *Schomerus, G., & Angermeyer, M. (2008). Stigma and its impact on help-seeking for mental disorders: What do we know? Epidemiol. Psychiatr. Sci, 17, 31–37.*
103. *Schuberth, F., Henseler, J. & Dijkstra, T. K. (2018). Confirmatory Composite Analysis, Frontiers in Psychology, 9, 1-14.*
104. *Scott, W.J. (1986). Gender: A useful category of historical analysis. The American Historical Review, 91, 1053-1075.*
105. *Serrano-Ripoll, M. J., José, M. E., Ignacio, R. C., David, F. N., Maria, F., Guadalupe, P. M., Adoración, C. G., Isabel, R. P., Rocío, Z., & Daniela, G. B. (2020). Impact of viral epidemic outbreaks on mental health of healthcare workers: a rapid systematic review and meta-analysis. Journal of Affective Disorders. 277(1), 347–357.*
106. *Shibre, T., Negash, A., Kullgren, G., Kebede, D., Alem, A., Fekadu, A., Fekadu, D., Madhin, G., & Jacobsson, L. (2001). Perception of stigma among family members of individuals with schizophrenia and major affective disorders in rural Ethiopia. Soc Psychiatry Psychiatr Epidemiol. 36, 299–303.*
107. *Shiva, A., Sumit, N., & Shahi, S. (2020). What drives retail investors' investment decisions? Evidence from no mobile phone phobia (Nomophobia) and investor fear of missing out (I-FoMo). Journal of Content, Community & Communication, 11, 2-21.*
108. *Sibitz, I., Amering, M., Unger, A., Seyringer, M.E., Bachmann, A., Schrank, B., Benesch, T., Schulze, B., Woppmann, A. (2011). The impact of the social network, stigma and empowerment on the quality of life in patients with schizophrenia. Eur Psychiatry. 26, 28–33.*
109. *SPIEGEL. Menschen Werfen uns Offenbar vor, wir Hätten die Krankheit ins Dorf Gebracht. Available online: www.spiegel.de.*
110. *Teufel, M., Schweda, A., Dörrie, N., Musche, V., Hetkamp, M., Weismüller, B., et al. (2020). Not all world leaders use Twitter in response to the COVID19 pandemic: impact of the way of Angela Merkel on psychological distress, behaviour and risk perception. J. Public Health, 42, 644–646.*
111. *Thornicroft, G., Brohan, E., Rose, D., Sartorius, N., & Leese, M. (2009). Global pattern of experienced and anticipated discrimination against people with schizophrenia: a cross-sectional survey. Lancet. 373, 408–415.*

112. *Van der Sanden, R.L., Stutterheim, S.E., Pryor, J.B., Kok, G., Bos, A.E. (2014). Coping with stigma by association and family burden among family members of people with mental illness. J. Nerv. Ment. Dis, 202, 710–717.*
113. *Von Kardorff, E. Zur. (2010). Diskriminierung psychisch kranker Menschen. In Diskriminierung, Springer: Berlin/Heidelberg, Germany, 279–305.*
114. *Wang, Y., Xu, B., Zhao, G., Cao, R., He, X., & Fu, S. (2011). Is quarantine related to immediate negative psychological consequences during the 2009 H1N1 epidemic? Gen Hosp Psychiatry, 33(1), 75–7.*
115. *Weber, J., Angerer, P., & Müller, A. (2019). Individual consequences of age stereotypes on older workers: A systematic review. Z Gerontol Geriatr, 52 (Suppl 3), 188–205.*
116. *Weiss, M.G., Ramakrishna, J. & Somma, D. (2006). Healthrelated stigma: Rethinking concepts and interventions. Psychology, Health and Medicine, 11(3), 277–287.*
117. *White, R., Bebbington, P., Pearson, J., Johnson, S., & Ellis, D. (2000). The social context of insight in schizophrenia. Soc Psychiatry Psychiatr Epidemiol. 35(11), 500–507.*
118. *Yebei, V.N., Fortenberry, J., Ayuku, D.O. (2008). Felt stigma among people living with HIV/AIDS in rural and urban Kenya. Afr. Health Sci, 8(2), 97–102.*
119. *Yildirim, C. & Correia, A. P. (2015). Exploring the Dimensions of Nomophobia: Development and Validation of a Self-Reported Questionnaire, Computers in Human Behavior, 49, 130-137.*
120. *Zapf, D. (1999). Mobbing in Organisationen: Überblick zum Stand der Forschung (Bullying at work. An overview of current research). Zeitschrift für Organisationspsychologie, 43(1), 1-25.*
121. *Zavaleta, D., Samuel, K., Mills, C. (2014). Social isolation: a conceptual and measurement proposal. Oxford: Oxford Poverty & Human Development Initiative (OPHI).*
122. *Zhou, F., Yu, T., Du, R., Fan, G., Liu, Y., Liu, Z., et al. (2020). Clinical Course and Risk Factors for Mortality of Adult Inpatients with COVID-19 in Wuhan, China: A Retrospective Cohort Study. Lancet. 395(10229), 1054–1062.*