The psychology behind response of people in wake of the COVID-19 pandemic in India

Sir,

The emergence of corona virus pandemic has given rise to an atmosphere of uncertainty. Thanks to the internet and information technology, we are being updated continuously about the havoc it is causing- country- and state-wise statistics of cases and fatalities, people left shelter-less or quarantined and what not. The governments are toiling hard to manage the situation, bringing in regulations, arrangements, and policies. Our over-burdened health sector is rife with providing adequate health care, morbidity and mortality, racing for a cure and a vaccine. Health-care professionals have been reported to be struggling with concerning issues - lack of proper protective equipment in isolation wards, violence from patients’ guardians, threat of being evicted from their homes for fear of community spread, amidst the most fearful threat of getting infected while on their jobs. A plethora of misinformation about the disease and the statistics, circulating over social media, has created mass misconceptions, anxiety and stigma, leading to ignoring precautionary directives, discrimination, and marginalization. The phenomenon of “Misinfodemics” - i.e., the spread of a particular health condition or illness, facilitated by viral misinformation - is widely observable in the people’s reactions. As the imposition of “lockdown” in numerous countries has given way to collective economic crisis, exacerbation of aberrant reactions is to be expected. A very irksome response that is being encountered is the aversion of public to abide by safety regulations, rejection to observe precautions stipulated for their own good, even to the point of being aggressive and resistive to medical help. The epidemiological process of the pandemic can be conceptualized to be reflected in human’s thoughts, behaviors, and emotional responses. Here is an attempt to discuss about the psychology behind these responses.

The most commonly observed response was denial of the illness, with patients escaping from isolation wards even after testing positive, defying precautions, engaging in social interaction, and hiding their illness. They appear overconfident of their own self and in condition of denial. Similar finding has been reported by a Norwegian study on a potential influenza pandemic where major proportions of people minimized the perceived mortality risk. The stages of grief as given by Kubler-Ross states “Denial” as the first stage of grief; characterized by disbelief and protest. The other stages are anger, bargaining, depression, and acceptance; stages are usually overlapping and a fluid process that varies from person to person. The instance of a patient committing suicide after being informed about suffering from a viral infection (not coronavirus) can be exemplified as cognitive distortion of “catastrophizing” of the outcome of his condition.

Following steady increase in cases amidst widespread lockdown, reported instances of resistance and violence against law enforcement and medical personnel, exemplify manifestation of “anger.” Masses partially cutting down social mingling and migrants in different locations starting off for long journeys on foot to reach their home amidst lockdown, is akin to “bargaining.” With recognition of the insufficiency of resources, finances, health care, isolation shelters, and the resultant agony and angst while in social isolation is similar to the stage of “depression.”

The rise of hateful behavior toward police and medical personnel and ethnic discriminatory behavior can be attributed to Freud’s neurotic defense of “Displacement.” Trauma of the pandemic that threatened one’s survival causes affective investment in another object purporting to solve the conflict. The catastrophic pandemic also
renders one helpless, resulting in sense of being taken over and losing one’s sense of self-determination, which is represented by the fantasy of infantile “regression;” a person is left only with primitive instincts of fear and aggression, giving into mass panic and fear.[5] Once this phase of illness is contained, one tends to forget about these fears.[6]

These phenomena make for an interesting insight into the psychology of a pandemic, and can assist mental health professionals in providing psychological aid, promoting resilience, and problem-solving among the needy.

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