



6-1-2020

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Kaminstein, Dana, "Through A Psychological Lens Darkly: Interpreting Current Reactions to the Pandemic" (2020). *Organizational Dynamics Working Papers*. 28.
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Working Paper #20-01

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Abstract

As the global pandemic of COVID-19 expands, it is worthwhile to understand some of the features of past pandemics and the ways in which current behaviors replicate previous societal dysfunctions during times of disease crisis. *Pandemics: A Very Short Introduction* by Christian W. McMillen offers an excellent overview of plagues and pandemics throughout history, including smallpox, malaria, cholera, tuberculosis, and Influenza, and serves as a jumping-off point for this paper's discussion of current reactions to COVID-19. This paper looks at similarities between societal responses to our current pandemic and past reactions to plagues and pandemics as viewed through a psychological lens. The world's lack of preparedness for the Covid-19 pandemic, despite ample warnings, is interpreted as a combination of denial and magical thinking. Plague as hoax and punishment are viewed as examples of flight behavior. The rebellion against the current pandemic and increased belief in pseudoscience are interpreted as fight behavior. The current ways of coping with the pandemic that are inappropriate and dysfunctional are seen as desperate psychological measures employed to avoid coping honestly with anxiety, fear, feelings of impotence, and uncertainty. The article ends with a brief discussion about how the poor and oppressed always suffer the most during plagues and pandemics.

Keywords

pandemic, Covid-19, reaction to pandemic, flight behavior, fight behavior, anxiety, fear, magical thinking, denial

Disciplines

Organizational Behavior and Theory

Comments

Working Paper #20-01

Through A Psychological Lens Darkly: Interpreting Current Reactions to the Pandemic

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June, 2020

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Reading history has often served as a way to anchor my understanding of current crises. Although the overused phrase, “those who do not know history are condemned to repeat it,” often reverberates in my head, understanding current events is not nearly as simple as looking at past events. Although I agree with Freud’s elucidation of the “repetition compulsion,” I would note that we keep enacting variations on our repetitive ways. Reading a little about the history of pandemics has helped me to put some of what is happening in the U.S. into perspective, identifying some new dysfunctions, along with those that keep getting recycled from the past. These thoughts and reactions focus on how the history of previous pandemics can shed light on what is happening in the U.S. at present; I do not claim that they are in any way comprehensive. They are based on reading *Pandemics: A Very Short Introduction* by Christian W. McMillen.

There are numerous books on the history of pandemics, and I chose *A Short Introduction to Pandemics* in order to get an overview. Oxford University Press publishes over 200 short introductions to a wide variety of fields and issues. These are always well and thoughtfully written and provide an excellent initial guide to the subject matter that they cover.

Some of the questions that concerned me as I began reading were:

- How common are plagues and pandemics?
- Are the reactions to the pandemic in the U.S. similar to reactions to previous pandemics in other parts of the world?
- What is producing some of the paranoid and bizarre behavior in national leaders and other citizens in the U.S.?

The Short Introduction covers:

- Plagues – The first plague to appear in the historical record occurred in 541 BC in the Egyptian port city of Pelusium. For the next two hundred years at least a dozen separate plagues visited Europe and the Near East. Plagues continued to affect the Middle East, East Asia and the Roman world for the next one thousand years. We don’t know much about these plagues or their death toll. Based on contemporary records, we know that Europe was regularly besieged by plagues from 1300 AD on. The author notes that “people who lived through the Black Death reacted in numerous ways; they tried to explain the catastrophe; they reeled in horror; they ran away; they blamed outsiders” (McMillen, 2016, p. 13). When plagues ravaged Italy, France and England in the 1700’s, “Fear of the plague and fear of the poor went hand in hand” (McMillen,

2016, p. 21). Plague has been a regular feature of life for centuries, and there are still outbreaks such as those in the 1990's in India.

- Smallpox – In the 18th century in Europe it is estimated that 400,000 people died from the disease. It is estimated that Smallpox has killed 500 million people in the last 100 years of its existence. In 1980 the World Health Organization declared the world Smallpox-free. (See also Riedel, 2005-)]
- Malaria – It is possible that malaria existed in “our hominid ancestors five million years ago” (McMillen, 2016, p. 45). The disease occurs in tropical and sub-tropical climates. In 2017 it is estimated that Malaria infected 219 million people causing 435,000 deaths globally (Talapko, et al., 2019).
- Cholera – “Though cholera had been present in India since at least the eighteenth century, the 1817 epidemic, because of its size and severity, is conventionally thought of as the beginning of cholera’s history as a globetrotting pandemic disease” (McMillen, 2016, p. 60). It is estimated that every year there are 1.3 million to 4.0 million cases of cholera and 21,000 to 143,000 deaths (WHO, 2019).
- Tuberculosis –
TB flourished when people settled down and began living together about ten thousand years ago” (McMillen, 2016, p. 73). “TB did not rise up and suddenly snuff the life out of millions like plague; it worked slowly. No one thought it the wrath of God, divinely sent to rout sin and sinners. Unlike cholera, its symptoms are not especially dramatic. One is not suddenly overwhelmed with TB, dead or alive in a matter of hours after disgorging one’s bodily fluids. TB works insidiously, initially unseen. TB did not inflame the press and public like cholera did in the nineteenth century, nor did it arouse people to massacre others as plague did. Yet TB was responsible for more death than either of these diseases (McMillen, 2016, p. 74).
“TB remained a disease of the poor. In New York, the large immigrant populations inhabited crowded, poorly ventilated buildings” (McMillen, 2016, p. 81). In 1900 it was estimated that the death rate for white Americans was between 190 to 200 per 100,000, for Black Americans it was estimated the death rate was 400 per 100,000 (TBFACETS ORG, 2020).
- Influenza – “The influenza that swept across the globe in two waves in 1918 and a third in 1919 was the worst pandemic in history since the Black Death” (McMillen, 2016, p. 89). The World War I pandemic killed at least fifty million people. “The demographic effects were staggering. Half a billion people—a third of the world’s population—were infected” (McMillen, 2016, p. 90).
- HIV/AIDS – “The arrival of HIV/AIDS was the end of the age of hubris. Any bluster about the death of infectious disease by the hand of biomedicine or hope of living in a world free of pestilence disappeared as it became clear that HIV/AIDS was a new infectious disease thriving in a world thought to be on the verge of being free of such menaces” (McMillen, 2016, p. 103). “HIV/AIDS has now killed nearly thirty million and infected nearly seventy-five million people worldwide” (McMillen, 2016, p. 104).

- SARS (2002-2004), H1N1 (2009), Ebola (2014-2016). This book does not cover these pandemics in any detail, but they are important to include as they indicate our lack of awareness about what would soon become an unwelcome presence around the globe.

Reactions To The Covid-19¹

This book, as have many other sources, indicates how ill prepared we were for the current pandemic. This despite the fact that, “Pandemics have been a regular feature of human history since the sixteenth century” (McMillen, 2016, p. 93). It is somewhat ominous to read the author’s assessment of our current level of preparedness, written in 2016. “[W]e are probably no better able today to anticipate and prevent the emergence of pandemic influenza than 5 centuries ago, as shown by the completely unexpected emergence of the 2009 novel H1N1 pandemic virus” (McMillen, 2016, p. 95).

The world’s lack of preparedness for a pandemic, given, SARS, H1N1 and Ebola, makes me wonder about the deeper causes of this lack of preparedness. Although leaders have sought to blame WHO, China, and Trump, the reasons for this lack of preparedness have to do with a psychological defense mechanism that is likely as old as the human race. Denial allows us to ward off our awareness of events, issues, and feelings that are too difficult to acknowledge. It is puzzling that although we develop elaborate plans to evacuate buildings, towns, and cities in case of fire, hurricanes, earthquakes, etc. there were few plans in place for a pandemic. Perhaps we were overconfident in modern medicine, believing that medicine could quickly deal with anything that came along. McMillen (2016) sees this as the case in England in 1918 as he explains the muted response to the influenza.

Public health officials urged calm. This, combined with their overconfidence in modern medicine, led them to downplay the severity of the pandemic. Publications like the British Medical Journal counseled silence and inaction: one editorial said, ‘When epidemics occur, death always happen. Would it not be better if a little more prudence were shown in publishing such reports instead of banking up as many dark clouds as possible to upset our breakfasts?’ An editorial in the Manchester Guardian echoed this sentiment: “Terror is a big ally of the influenza, and if the public state of mind can be steered out of the channel of a fright a long, long step will have been taken to conquer the epidemic’ (McMillen, 2016, p. 97).

“In Italy (1918), civil authorities forced the country’s most influential newspaper, Corriere della Sera, to stop publishing the death toll as fear and anxiety mounted” (p. 99).

Our lack of preparedness, in the face of what was overwhelmingly likely to occur, speaks of more than simple denial. I think it indicates a belief that it won’t affect us, that we are either too rich, too healthy, too exceptional, too over-confident, or too lucky for it to impact us. The

¹ Covid-19 is a disease caused by SARS-CoV-2 a new type of coronavirus.

President of Brazil believes he cannot be infected by the coronavirus because he is an athlete (Friedman, 2020). This type of response goes beyond exceptionalism, though, and it may indicate something similar to the stage adolescents go through: believing for a time that they are invincible. In the U.S. it seems to indicate a disconnection from reality, as though our lives are a movie, or video game. We now inhabit a make-believe world, one much less benign than Mr. Rogers Neighborhood, and one that is not based on reality. A number of years ago Neal Gabler (1998) wrote a book in which he argued that in the U.S. we think about ourselves as movie characters and our lives as the plot. The disconnection between our “film” lives and our actual existence has become so great that we can dismiss the consequences of our actions as though they can be changed or restarted, much like restarting a video game. In a society based on consumerism and “living the good life,” we cannot understand or fathom anything interrupting our lives. We imagine that we can remove the pandemic via a delete button. The evidence for this disconnection is everywhere. We live in the wealthiest country in the world, and yet a huge proportion of our population is poor, incarcerated, or homeless. We live in a fantasy world in which we have convinced ourselves that everyone lives in a house in the suburbs with granite countertops, photogenic children, and golden retrievers. Our disconnection is so egregious that we imagine that we can wish the coronavirus away, get so angry that it will be gone, or – better yet – discover that it is a hoax. In the U.S., reality has ceased to exist, and instead we live in a simulacra world (Baudrillard, 1994).

If I Don't Believe It, It Won't Be True

McMillen (2016) does not present information about people in previous generations that thought the pandemic, plague, or cholera were a hoax. Yet, we know that after many major scientific discoveries, a significant number of people believed the discovery was false. There is still a Flat Earth Society, with members who believe the earth is flat (Wolchover, 2017). It is likely that in the past conspiracy theories took the form of superstitious beliefs.

Although it is hard to estimate the number, there are many people in the U.S. who believe the Coronavirus is a hoax (National Post, 2020). I assumed that this has been true throughout history, but Cohn (2012) persuasively argues that many pandemics brought people together rather than split them apart. Nevertheless, others (Evans, 2020), argue that conspiracy theories and blame have been part of pandemics since the first recorded plague. Perhaps the current access to social media and other instantaneous forms of communication have produced greater exposure to conspiracy theories.

Believing that the current pandemic is a hoax is a form of flight behavior (Rioch, 1970). When human beings find something to be too difficult to understand, take in, or fathom, we often engage in flight behavior. During a pandemic, flight behavior might surface as people reacting by continuing to live their lives just as they did before the pandemic (“I am not going to do anything differently, I am going to pretend it won't affect me”). Another example would be busying oneself with work, projects, etc. and ignoring the pandemic. A more extreme example of *flight* behavior would be believing the whole pandemic is a hoax. In this reaction is contained the idea that if I don't view something as real it won't be real, and my denial will

prove it does not exist. This is also indicative of magical thinking. Magical thinking is a flight from reality.

Plague as Punishment

McMillen (2016) provides many past examples of when a plague or pandemic was viewed as evidence of God's punishment of sinful humans. "These earthly explanations for plague's path were subsumed in what most thought was the ultimate cause of the plague: God's wrath" (McMillen, 2016, p. 11). Some important religious leaders today have declared that Covid-19 is the wrath of God (Merritt, 2020).

Sometimes this view of God's punishment was more specific and punished a group that the religious leaders of the time thought was well deserving of God's wrath. One historical example of religious leaders claiming God's wrath for nationalistic purposes is the Pilgrim chronicler William Bradford. Bradford, "...reflecting on a 1633 smallpox epidemic wrote, 'It pleased God to visit these Indians with a great sickness.' As a result, 'God hath hereby cleared our title to this place (p. 33).'" Furthermore, in Roanoke, Virginia, Thomas Hariot reported that the Algonquian thought that "it was the work of God through our means, and that we by him might kill and slay whom we would without weapons (McMillen, 2016, p. 33).'" We can find similar sentiments today as some religious leaders blame the current pandemic on the increase in homosexuality in the U.S. (Sopelsa, 2020).

Rebellion

Another response to plagues or pandemics that has been repeated throughout history is angry or rebellious reactions to quarantine or social limitations. McMillen (2016) discusses this in relation to the plague in 1600 in England "In theory, household quarantine of the sick was a good idea; in practice it did little; plague victims disregarded orders to stay put, and there were simply too many of them" (McMillen, 2016, p. 22). More recently, "Some states (1897) instituted compulsory hospitalization—a move some considered an assault on individual liberty for the public good" (p. 79). Thousands of Americans appear to see stay-at-home orders during the pandemic as an assault against their freedom (Bosman, Tavernise, and Baker, 2020). People protesting against stay-at-home orders have taken an ugly turn as rageful protesters in Michigan confronted the State police protecting the legislators at the State Capital (BBC News, 2020). Rebellion against a pandemic is an example of fight behavior. Rather than being able to acknowledge the reality of the pandemic, those who rebel against the quarantine or stay-at-home orders choose to *fight* about an issue that is not germane to the pandemic and thereby seek to move attention away from the pandemic. Those who choose this path can flee from dealing with the pandemic and its consequences, and can instead enjoy the fellowship of other angry protesters. This type of diversion no doubt helps the rebels feel free from the confines of the anxiety about the virus.

Death to Science – Long Live Pseudoscience

The assaults against science have become more and more pronounced since Donald Trump took office (Carter, Desikan, & Goldman, 2019). The anger at science and scientists has increased greatly during the pandemic. Fury at the World Health Organization (WHO), and the amount of hate mail and death threats that prominent scientists are receiving as they publicly discuss Covid-19 is an indication of how many in the public see science (Bosman, 2020). One way the public can express its fear and anger is to blame the messenger. Scientists are not responsible for the pandemic, although to hear some critics lambast the scientists, you would think they were. The blame and hatred being expressed towards scientists is an indication of the feelings of impotency, uncertainty and fear that many are feeling in the face of this pandemic. Such anger is another example of *fight* behavior (Rioch, 1970). Rather than acknowledging our vulnerability and fear, we create a fight instead. In this way, for a few minutes, we are able to feel less impotent, less fearful, and more in control. The rage we see expressed in the faces of the men confronting the State Police in Michigan (BBC News, 2020) is a rage born out of displaced impotency and fear. It feels unbearable to us that our lives can be in danger without any warning, and that scientists and the government can do little to protect us from the novel Coronavirus.

Pseudoscience, and miracle cures are frequent occurrences during a pandemic. Influenza – “Not actually having effective treatment did not stop doctors from offering a wide array of ‘cures.’ The native commissioner in Belingwe, Southern Rhodesia [1933], achieve ‘remarkable results’ from a combination of mustard plaster, castor oil, brandy, and what he called ‘pneumonia mixture.’ Others used paraffin and sugar. Confident at first in these remedies, colonial administrators and doctors eventually admitted that Africans saw these ‘cures’ for what they were: quackery” (McMillen, 2016, p. 97).

The Poor

Consistent in all the plagues, and pandemics that McMillen describes is that blame is frequently laid at the doors of the poor, and the fact that the poor suffer and die in greater percentages than other groups during pandemics. Crenshaw’s (African American Policy Forum, 2020) panel discussions on “What Covid-19 Has Laid Bare,” emphasizes the way in which Covid-19 has disproportionately sickened and killed Black Americans and the poor.

Explanations of the cause of pandemics has often been blamed on the “other,” or been a time when virulent forms of racism took hold. “For a time, a variety of racial explanations dominated the debate over why TB was increasing. Peoples in the less developed parts of the world—the ‘native races’ – were virgin soil for TB; they were uniquely racially susceptible; or they had not become ‘tubercularized.’ Black South Africans, American Indians, and African Americans were most frequently the objects of this way of thinking” (McMillen, 2016, p. 82).

Notably absent in *A Short Introduction to Pandemics* are the ways in which human beings have coped resiliently with pandemics, and the compassion and care that were often present in

families and communities. As noted above, at times plagues brought people together rather than pushed them apart. Unfortunately, McMillan does not discuss the ways in which pandemics rearranged the social order and the ways in which human beings responded with compassion and care.

A Short Introduction to Pandemics gives us, in short form, an understanding of how much of the current reaction to the pandemic mirrors reactions to previous ones. We see leaders playing down the importance or severity of the disease; we use flight behavior and magical thinking to escape our fear and anxiety about the disease; we see the pandemic as God's wrath poured out on our enemies; and we rebel against the virus in ways that express our rage against our impotence. The rise and popularity of pseudoscience is not examined in this book and remains an area that needs more exploration. Most of all, though, the book clearly illustrates that throughout history the poor have been the major victims of pandemics. In this sense, pandemics expose our gross inhumanity to those we denigrate and reject. Thus, a pandemic is not only a physical disease, but a disease that has laid bare our emotional poverty.

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