COVID-19 — Mapping the Stages of Development in Contagion Response
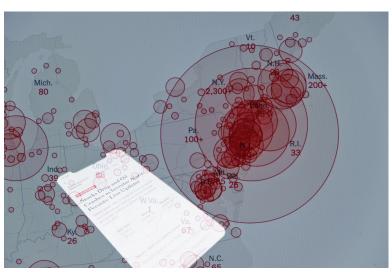

Photo by Brian McGowan on Unsplash

Zachary Green, Ph.D. & Rev. David McCallum, S.J., Ed.D.

A WORKING PAPER

On this day, schools and universities are closed for the rest of the Spring term. Business after business, especially those that thrive from people gathering like restaurants, cafés, and bars, are sending out frantic messages of reassurance and trying to adapt. Many have been forced to close entirely. Airlines are reducing routes and flying near empty planes to now desolate locations. The allure of international travel has been overshadowed by a specter of fear and the need for restriction. Grocery aisles lay bare of basic necessities. Even churches, temples, mosques, the places people look to for community and spiritual support, have stopped offering services out of precaution. The elderly and frail dare not cross their threshold to the outside world, for there is an unseen virus that is especially lethal to them. Amidst all of this disruption, people are wondering how to make sense of their experience, how to contend with what may be the new normal, and when they will receive reassurance that ultimately things will be okay for them and for those they love.

The presence of COVID-19, the coronavirus that causes a flu-like upper respiratory illness and can lead to death in vulnerable populations, has brought with it a variety of reactions and responses that range from denial and panic to solidarity and even heroism. Some of these reactions are unconscious, meaning that they come in the

form of nearly instinctual personal and social psychological defenses, protection from being overwhelmed by distress. Other means of coping are more conscious, proactive, and reasoned responses that include concern for others and embrace of the greater good. While there are a great variety of individual reactions and responses to this pandemic, at a collective level there appears to be a pattern that is manifesting in somewhat consistent and predictable stages in many of the contexts where the contagion has spread. More broadly considered, we might categorize the patterns into two sets, one fear focused and essentially self-protective, and the other future focused, intentional, and inclusively pro-social.

This reflection offers an early hypothesis about these social patterns, informed by the fields of psychology, group dynamics, and leadership studies. It takes the form of a theoretical map describing these stages of contagion reactions and responses over the course of the three main phases of the virus contagion. We invite those who find this initial thinking useful to propose refinements and advancements to this evolving conceptual framework as we all live and learn through this current moment — together. Our hope is that this map of the psychological and developmental course of the contagion can serve as a resource for community and organizational leaders who are responsible for supporting their members, personnel, and stakeholders at this extraordinary moment in our human history.

The Stages of Contagion Response

The stages of contagion response follow roughly the course of the disease itself: *Pre-Contagion, Contagion, and Post-Contagion*. Within each of these three stages, there are concurrent clusters of reactions and responses that vary in intensity of expression based on a host of factors: the severity of the outbreak; the actual medical infrastructure of the affected region; the quality of leadership and effectiveness of policies enacted; the demographic make-up of the region being hit; and the dominant cultural ethos of a given population prior to the spread of the contagion. As such, while the stages represent and track the course of the related illness, the clusters of reactions and responses have a certain consistency while remaining dynamic. The reactions and responses also appear to be linear and developmental but may all be present in different concentrations concurrently in the same region where the contagion has struck. The simultaneous, compound nature of these distinct clusters in any large collective is due to the way that communities are composed of diverse subgroups who vary in their levels of resources, resilience, and capacities for complexity. In this respect, each cluster can be thought of as a *potential* that gains variations of expression depending on the

conditions that are activated by the populace and its authorities. As previously referenced, population density, age demographics, and access to health care also influence how much any cluster becomes prominent within a stage.

PRE-CONTAGION

The inventor, Buckminster Fuller once said, "the future is already here, it just isn't evenly distributed yet." The pre-contagion stage is a bit of misnomer in that a disease process such as COVID-19 may be present even before it has been given a name. Indeed, it is believed that the doctor who first discovered the presence of this lethal strand of the coronavirus in Wuhan, China was silenced and forced to retract his statements before succumbing to the illness himself. At the both the individual and collective levels, what is important is that the pre-contagion stage is characterized by a blend of *ignorance*, *indifference* and *denial*. In this stage, the contagion is not yet perceived as even worthy of notice or a cause of concern, let alone a personal or collective threat. In short, people go about their daily lives not believing that this contagion merits attention or that it will have any direct impact on their lives.

In the last few decades, seldom has a disease process moved beyond the pre-contagion stage of concern for the global population. While we may have heard of Hoof and Mouth Disease, SARS, MERS, Avian Flu, Swine Flu, and Ebola, for most of the world these were localized phenomena. For many people, the tragedy of these distant circumstances of the contagion is met with relative distance and indifference. What little empathy that people may feel is derived from a generalized recognition of human suffering rather than any personal emotional attachment. It is the relatively rare person who experiences deep concern for the suffering of people who are geographically and culturally distant. Generally, the greater the geographic distance from the contagion and correspondingly, the greater the perceived cultural difference from those most directly impacted by the virulence, the greater are the chances that the responses will be characterized by indifference and lack of empathy.

As mentioned, the pre-contagion stage are: *ignorance, indifference, and denial*. Each cluster in this stage acts as both a personal and social defense. These defenses serve as a way to cope and continue to function in the face of the existential threat posed by a virus that can be transmitted unseen, for which there is no known cure, and by which growing numbers have succumb.

Ignorance- The ignorance cluster is characterized by an "*I don't know and I don't want to know*" attitude. In the instance of this cluster, the defense of ignorance is bliss. There is social reinforcement to defend against knowledge of a contagion by behaviors such as changing the topic or quickly reassuring one another that it is nothing that requires much attention. Ignorance is further marked by active absence of engagement with people or media. When evolving conditions erode away at this willful ignorance, the social defense begins to fail, which allow for sufficient acknowledgement that there is indeed a contagion present. Indifference may follow.

Indifference- Indifference comes in many forms. The most benign expression of this cluster is a passive indifference associated with numbness and compassion fatigue. In such cases, there is awareness of a contagion and likely some level of general concern about those affected by it, but there is no personal or emotional attachment to what the contagion represents in the world. The attitude is "*It's out there. It is terrible, but there is nothing I can do about it.*" This indifference is one that is grounded in an unspoken sense of helplessness. A more active form of indifference is apparent when it acts as social defense against the threat posed by a contagion. Indifference is aimed at keeping concern about the contagion out of mind and as a psychological defense against it touching the heart. The unexpressed secret thought may even be akin to "*I know it is out there, but I'm glad it's not me.*" Yet, since such thinking may be viewed as socially unacceptable, it is modulated into a *"don't care"* stance that few will probe, as it will expose similarly held indifference in others as well as potentially dystonic gaps in human empathy.

Denial- While the denial cluster is the most primitive defense of the pre-contagion stage, it also is likely the most common. The view is simply "*That could never happen here!*" Much as with ignorance, friends and family will gladly agree with you that such contagion will never impact your life directly. Co-workers and colleagues will join you in the belief that whatever it is, it will not come here. As such, denial becomes the most efficient of the pre-contagion social defenses against the merging anxiety represented by a potentially lethal virus. In short, telling each other "*it's not here*" works — until it doesn't. When denial collapses, the anxiety rapidly gives way to a rush of panic signaling the end of the pre-contagion stage. Ignorance and indifference dissipate as well. The contagion becomes real. It is near. It is here. It's name is fear.

CONTAGION STAGE

Once there is the first diagnosis of a contagion in one's country, city, or community,

the dam of denial as a social defense collapses. In its' wake is a rush of panic. Untethered anxiety is unleashed psychologically against the existential threat. A contagion of fear grips and is contracted by an ever-widening circle of the collective. It becomes a mass hysteria that moves rapidly and consumes the attention of large subgroups of populations. Further , the contagion of fear moves more rapidly than the actual contagion of any virus. A momentary madness of misinformation, misperception, and mistaken attribution go viral in various forms while everyone scrambles to find some scrap of reliable news amid the chaos of confusion. The cost of ignorance pays its toll as multitudes seek to learn about the threat. Similarly, indifference falls away. If only for concern for oneself and one's own well-being initially, the nature and meaning of the contagion becomes a topic of urgent concern first for self and then for others. As more is learned about the contagion, in most instances, indifference yields and is transmuted into basic empathy. Concern and care for others replaces egoic self-interest, even if only extrinsically motivated by a raw, primitive and expedient recognition that individual survival ultimately will require collaboration by the collective. While there may be some counter-phobic responses at the contagion level, they are quickly squelched. Characterized by a fantasy of megalomaniacal omnipotence and exceptionalism, or simple blind faith, such counter-phobic responses soon succumb to the volume of social pressure and cease to provide immunity to the contagion of fear.

The contagion stage has its own cluster of social defenses. They are: *contamination, panic, chaos, and containment*. As the actual contagion is diagnosed and confirmed to be present in ever-closer proximity, these social defenses appear concurrently and continuously in the collective. Their expression is influenced largely by how much reliance there had been on pre-contagion social defenses to cope with the crisis. The lower those initial defenses, the faster the learning and the more capable the collective may be of weathering the contagion stage.

Contamination — Contamination is the blame/shame cluster of social defense. Though pernicious, it reflects a primitive human propensity to project attribution onto others. In short, blame others for the contagion. Unable to face the reality of the outbreaks of the virus so close to home, psychological energy is expended with condemnations such as "*We got it from "them"* — some distance and distinct "other." In the case of COVID-19, the "other" became Chinese people and rapidly degenerated into contagion-related xenophobia in media and public political pronouncements. Such projection in contamination as a social defense is exacerbated by how often the official naming of the actual disease process is attributed to geographic regions, such as Ebola for the village where the virus

originated in the case of and the Middle East for MERS, respectively. Such naming gives credence to the collective projections and leads to these "others" being perceived as pariahs.

Contamination as a social defense of the contagion phase never fully yields. Through the course of the actual spread of a disease process, some will continue to need to blame others for the presence of the virus. As the virus is invisible, the object of fear becomes the human host where previous prejudices against a different culture and kind can continue to manifest. Contamination serves as an unconscious defense and is socially reinforced in the form of scapegoating. This social defense becomes a way to manage the existential threat to self and others "like me " by projecting onto "those people" and their practices the blame for the disease. In such cases the contagion of fear is turned into condemnation and anger, which is for some preferable to coping with the anxiety about becoming sick with a disease for which there is no known immunity.

The contamination cluster of social defenses begins to modulate when those with whom one identifies begin to contract the disease. The actual contagion does not discriminate. While projection onto the other may remain present, even perniciously, the psychological energy morphs into focus on self-preservation and survival of one's more immediate social circle. The blame of others is relatively short-lived once it is recognized that oneself and one's group are ill-prepared for the contagion. Panic ensues.

Panic — The panic cluster of social defenses in the contagion stage is characterized by "*It's here!! I fear. You fear! We fear!*" Panic is primal, pronounced, and initially impenetrable. Water, bread, eggs, beans, rice, and toilet paper disappear from grocery store aisles. In the case of COVID-19, bleach, disinfectant wipes, hand sanitizer, liquid soap, and immune boasting supplements soon followed.

Panic is brought on by an assault on our sense of omnipotence. The contagion exposes mortality. The object and aim in times of panic will continue to be defensive displacement of the blame for contamination onto people seen as the origin of the disease. The nearly invisible microscopic virus of a mere micron is literally not seen as the object of fear — it becomes other people, all seen as potential carrier of illness and death. In panic, fear dominates and what counts as preparedness escalates exponentially.

Panic is a social defense that blinds, weakens and paralyzes. Driven by a need to create an illusion of safety against the contagion, panic obscures everything but the fear. The social contract is seemingly weakened, if not suspended, as concern for others and the welfare outside one's immediate circle is deferred. In the larger social context, panic reveals how those who lack personal emotional resilience as well as others who have minimal financial resources are disabled. They can become victims of the mass hysteria and are metaphorically the ones who are trampled underfoot. Those most vulnerable, psychologically, medically, and financially, have no place to turn in a contagion. In such cases, as the capacity to cope with the crisis collapses, panic often becomes desperation, leading to numbing the self, harming the self, and harming others. Depression and addictive patterns are heightened and more widespread as well. Indeed, panic paralyzes.

At the collective level, panic is the key element in the contagion of fear. Irrationality and hostility are to be expected and become commonplace as cultures and communities attempt to cope through the crisis. Given the level of uncertainty and complexity presented by a contagion like COVID-19, the contagion of fear dominates the mind of the collective leading to poor, often counter-productive, even destructive decision making.

Given the amount of energy expended by this social defense, panic comes in waves. It is only calmed once reliable information from trusted sources begins to break through people's consciousness. Those who lack resources but have knowledge of the contagion remain in panic mode. Those fortunate enough to have essential resources, including their personal grit, resilience, and social support begin to wade through the chaos.

Chaos — In the contagion stage, chaos is a cluster of social defenses characterized by efforts to cope with the disruption of normal and routine functioning. The absence of order and control is also a source of anxiety, but unlike the panic cluster, the individual and collective turn their consciousness to managing the disorder. As social defense, chaos seeks order. Collectively, individuals and groups begin to address how to bring some structure and procedure to the way resources are accessed, or how priorities are determined.

The constructive engagement with chaos requires a patience and perspective that is not available in the blindness of panic. It relies upon a fundamental trust in an underlying order that serves as a defense against anxiety and despair. There are complex patterns of connections where some degree of faith is needed to even

begin to take action against the contagion. There is information that needs to be gathered, priorities that require sorting, and crisis elements that demand immediate triage. At the collective level, authority must be conferred for there to be coordinated collective action.

One of the challenges entailed in the engagement of chaos is how to address the human need for individual liberty and autonomy. If authority operates autocratically, it is likely to generate resistance and greater potential for individual agents to respond with indifference or defiance in the face of efforts to bring the chaos to order.

Control is resisted in part because of the invisibility of the contagion. Efforts at controlling it are seen as illusory. Absent trust in the authority, efforts at control of the contagion can also be seen as planting seeds for totalitarian rule rather than responsible public health mitigation measures. The paradox of chaos is that both are likely true. The measures to keep the collective safe are likely largely to be dictatorial, whereas is the failure to yield to such decrees will expose the collective to behaviors that could bring illness to most and prove lethal to some.

Yet, the opportunity of the chaos cluster of the contagion stage is to use this social defense to wade through the complexity and discover creative new pathways to collective action. Chaos can lead people to align and join in collaboratives efforts. Chaos moves a tangle of complexity toward accessible simplicity. While resistance will remain given the uncertainty that a contagion presents, acceptance of chaos turns the collective will toward shared acceptance of a direction for containment as well as towards the possibility of healing and recovery. Though the existential threat remains present, the corresponding depression may begin to ease. Behaviors that are self-soothing may begin to replace regressive collapse into self-destructive, self-defeating and addictive patterns. The order within the chaos begins to emerge.

*Containment-*The containment cluster of social defenses in the contagion phase is characterized by the beginning of healing and the sustained alignment of collective action. Reliable, evidence-based knowledge is readily and accessibly shared. An attitude of "*We are in this together*" begins to dominate even in the face of continued resistance, pockets of panic, outbreaks of contagion of fear, and some smaller but pronounced resurgence of contamination.

Containment is needed for action but it is not the action itself. In order for containment to move from concept and plan towards behavior and practice, a

tipping point is required where a critical mass of the collective gets behind the movement and makes it the urgent new norm.This tipping point is the dividing line between the behaviors that we might characterize as unconsciously reactive and protective and the behaviors that are proactively responsive, ethical and pro-social.

POST-CONTAGION

The post-contagion phase comes well before the actual pandemic is mitigated. It is characterized by behaviors that begin to slow the virus and dramatically reduce the potential of lethal transmission of the disease. At a psychological and collective level, the post-contagion stage is the movement into collective behaviors and actions that allow for optimal survival. This stage moves collectives such as cities, communities and cultures in a direction of healing, reconciliation and renewal. The clusters of the post-contagion stage are: *isolation, emergence, and return/renewal.*

Isolation — The isolation cluster of the post-contagion stage is a social defense that requires individual action. It is characterized by pro-social behaviors that attend to the good of the collective and place primacy on their exercise. The language of isolation implies an imperative along the lines of "*Let's trust that this will make a difference.*" At the same time, choosing isolation involves sacrifice. Isolation is challenging as an action to stem the outbreak of contagion because of the meaning it has on human interaction. The effort to isolate the virus from potential human hosts has the shadow consequence of isolating humans, one from another. There is a period of literal and metaphoric loss of human contact. The norms of "self-isolation" and "social distancing," while serving as a means of containing the spread of the contagion, also require people to value the greater common good.

Isolation becomes a regressive contagion stage social defense if it remains present after the contagion is indeed contained. If the result of the pandemic is that people continue to distance themselves from one another, the implicit norms activated for safety from outbreaks will be a problem. Persistence of "self-isolation" and "social distancing" would suggest that recovery from the contagion of fear has not reached the level of recovery suggested by the containment of the virus itself. The social defense of isolation will require a release where there is renewed trust that contact and touch are also key to our collective survival.

At the higher level of post-contagion behaviors, isolation provides an opportunity for reflection and refinement of one's orientation to the world. In isolation, individual and groups can recognize what is most personally and collectively

important while holding in consciousness the global nature of a pandemic. Isolation invites stepping back and seeking to understand anew who we are, why we are here, what we may be called to do. Without support, isolation also may be characterized by a return of momentary regression into self-defeating patterns, addictive behaviors, debilitating paralysis, and resolute inertia. Once more, irrespective of the psychological resilience of the individual or the communities in which they reside, some degree of these regressions are to be expected.

When isolation is taken to be more of a retreat, then we defeat both the contagion as well as the destructive shadow forces within our own nature. We may discover new values, priorities, and ways of relating to ourselves and others. We may learn new behaviors, skills, and habits that are more healthy, more balanced, less driven, and more mindful. We may use these profound challenges as the impetus for incredible creativity and ingenuity. We collectively have an opportunity to discover the new day-to-day life that appears once the contagion has abated. If this learning and growth is integrated, we are in a better position to learn from isolation should similar circumstances arise in the future, contagion-related or not.

Emergence — Once there is an official "all clear" from the contagion, emergence begins. In the post-contagion stage, emergence is characterized by both grief and relief. The grief is associated with those who were casualties of the pandemic; those who succumbed to the disease process as well as those who experienced debilitating trauma related to coping with the crisis. While a degree of acute trauma will be present globally, those who lack the emotional resilience will continue to have panic responses generalized to any illness well into the future. Those with underlying predispositions to agoraphobia, panic attack, mood disorders and similar psychological conditions will likely have lingering symptoms for years to come. Even those with a preference for introversion may long for those day when social distancing was normative practice.

The larger expression of the emergence cluster will be a rapid return to human contact. It is likely that people will find relief in gathering in large numbers where possible, simply and for no other reason but to see and be seen by fellow human beings. Emergence will also carry with it the benefits of the pause and reflection that isolation yielded. For many of us, there will be relief in knowing that we have agency and choice about the rate and pace of life, and that with intention and practice, we can maintain better balance, and live in a more conscious relationship with ourselves, one another, and our planet.

While regression into "self-isolation" and "social distancing" will also be more normative and socially sanctioned, a new appreciation for the importance of human contact, and even a real sense of identification and solidarity with the rest of humanity is likely. We will have all been through a global phenomenon, and will now all have a very real point of experience and connection. Indeed, perhaps the baby boom that will come following the contagion will offer evidence of how deep this longing for connection, intimacy, and communion was held.

Return/Renewal — This final cluster of the post-contagion stage represents a return to normal. Yet, in reality it's a not a return as much as it is a "new normal." Further, unlike the previous stages, it is a fundamental question of whether this renewal is a social defense as much as it will be a negotiation of a new social contract. More accurately, this return is a renewal. What was is no longer, though it will be housed in many of the same homes and institutions that were present prior to the pandemic crisis. The renewal will be in the form of practices and priorities that proved beneficial during the height of the contagion. While many habits will be abandoned, some will persist and become normative. We may even think of this as an evolutionary response by our species, necessary for not only for survival, but for human thriving into the future.

In some instances, this return will be characterized by reconciliation. There is nothing more powerful than the reality of mortality to bring forward conversations with another that are fraught with pain, conflict, hurt, absence of forgiveness, drama, and trauma to reach different level of mutual health. At the collective level, those harmed by the crisis as well as those who have survivor guilt will need restoration of relationships to cope with the new day. In general, this restoration will be needed at the level of the self, family, friendships, and institutions where trust was eroded and recovery challenged.

CLOSING

This conceptual model offers a way to understand the collective psychological stages of responses to the current COVID-19 pandemic crisis. It is intended to be more descriptive than evaluative. It is further understood that the clusters of social defenses presented each have ethical and moral implications, especially with reference to the common good. Whether this thinking has utility beyond this global moment is an empirical one, but our intention in sharing it is to be of service during these times of such uncertainty. While no map is entirely identical with the territory it describes, we seek to contribute to the conversation happening all around the

world as we are try collectively to make sense of this experience of our current reality and a future that is distributing itself around the world.

Zachary Green, Ph.D. is a clinical and community psychologist by training. He is a professor of practice in Leadership Studies as well as a program director at the Nonprofit Institute, University of San Diego. He also is a co-founder of IMAGO Global Grassroots and Group Relations International. His work focuses on human and organizational development, group relations, intersectional identity, peace and reconciliation dialogue, and community engagement, most recently as lead faculty for the RISE Urban Leadership Fellows Program.

David McCallum, S.J., Ed.D. is a Jesuit priest who serves as the Vice President for Mission Integration and Development at Le Moyne College in Syracuse, NY. He also serves as the Executive Director of the Discerning Leadership Program, which provides formation for senior Vatican officials and major superiors of religious orders in Rome, Italy. His research interests include adult learning and development, group relations, leadership and organizational development, mission integration, and spiritual maturation.