

COVID-19, Fear, and the ‘Brave’ Souls Who Disregard Retail Shop Directional Arrows

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Abstract

Emotional responses to COVID-19 are many and varied. The virus is making it more difficult to avoid and deny some of the realities, including uncertainty and our own mortality, that many people find challenging to accept. Recognizing the impact the global pandemic is having on the psychological defence mechanisms relied on by many to enable a sense of safety, the author uses a critically reflective narrative to support an exploration of the notion of fear, the stigma that is often attached to outward demonstrations of fear, and the problematic tendency to medicalize fear, in times of COVID-19.

Keywords: COVID-19, Fear, Stigma, Defence Mechanisms, Critical Narrative

Avoidance, Denial, and the Illusion of Certainty

On a good day, when our we're not feeling threatened by a global pandemic, most of us rely on various coping techniques and emotional defence mechanisms to enable us to keep at least a bit of distance from some of the thoughts, feelings, and realities that challenge us (Newman, 2001; Erdelyi, 2001). Avoidance and denial are two defences we tend to favour in our often unconscious efforts to protect ourselves from the more distressing parts of our lives (Beresford, 2012). Denial, usually considered to be a passive and more primitive defence, activates when it feels as though the

external reality we're facing causes a sense of internal distress that is too much to bear (Gabbard, 2010; Little, 2020). In this context, avoidance can be thought of as a defence mechanism, but it is more commonly referred to as a passive coping strategy, activated by overwhelm in response to perceived stressors (Holmes, 2010; Little, 2020). Cloninger (1994) identified 'harm avoidance' as one of the 'habit systems' of individual temperament. In describing the highly subjective nature of personality, he distinguished temperament, an aspect of individual predisposition, from character, aspects of the self that are formed through self-awareness and intention. In this regard, harm avoidance was seen as a primitive instinct that was more neurotically based. While it can be argued there are problems with Cloninger's distillation of various attributes of temperament and character down to neurobiological functioning in distinct areas of the brain (Beauregard, 2014; Bracken, 2014; Dillon et al., 2012), it is in keeping with the dominant discourse of that time period (Wakefield, 1992). Nonetheless, this notion of harm avoidance as a more primitive response to perceived stressors is useful to this exploration.

As part of our human condition, we *are* commonly inclined to avoid and deny many realities. We tend to find uncertainty and our own mortality to be particularly challenging (Dugas et al., 2001; Lehto & Stein, 2009). For many, the thought of our own mortality is too much to bear. In their discussion of terror management theory and its relevance to experiences that remind us that we will eventually die, Maxfield et al. (2007) state, "the uniquely human knowledge of the inevitability of death in an organism that is biologically oriented toward staying alive creates the potential for paralyzing terror" (p. 2). Furthermore, Levine (1997) distinguishes between our fear of death and our fear of dying.

We say we are afraid of death, but more likely we are referring to the travails leading up to death: the fear of dying. This in turn is clearly our fear of finding ourselves in a situation over which we have no control, with our reserves exhausted and our body wracked with suffering. (p. 45)

We do prefer to live our lives according to illusions of certainty, convincing ourselves that we can count on the arrival of tomorrow, next year, and 10 years from now. In her study on the notion of 'precarity', Ettliger (2007) tells us it is a ubiquitous and ever-present feature of our human condition. From this she further describes the problematic relationship we have with uncertainty as "the essentialist urge to construct illusions of certainty amid uncertainty and vulnerability, precarity" (p. 320). Our relationship

with uncertainty is, indeed, quite problematic. In those who experience ‘intolerance of uncertainty’, there can be adverse reactions in how they think, feel, and behave (Buhr & Dugas, 2009). Those “who are intolerant of uncertainty find ambiguity stressful and upsetting” (Buhr & Dugas, 2006, p. 223). Even though uncertainty is a common feature of daily living, we prefer to avoid and deny it (Buhr & Dugas, 2006; Buhr & Dugas, 2009; MacLeod et al., 1991). And when we are pushed to the point that we cannot deny it, we tend to worry about it, sometimes incessantly (Dugas et al., 1997; MacLeod et al., 1991).

Fear and COVID-19

COVID-19 has ripped into the emotional defence mechanisms that many people rely on to enable them to feel a sense of safety in the world. This virus is making it much more difficult to avoid and deny. Over the course of just a few weeks much of the world came to a halt. It stopped at the edge of a cliff. And there we sit, on the edge of that cliff. And when we dare to peek over the cliff’s edge, hoping to see something we can make sense, we are taken aback because we cannot see anything ... not a thing ... just an empty space like none most of us have ever experienced before. Our mind and our eyes try to do what they usually do – work in tandem to tell us what we are seeing so we can figure out what to do. But that cooperative effort between our eyes and our mind isn’t working like it used to. Very little is coming into focus. There is nothing sure for our minds to anchor onto; there is not much that is recognizable when we peek over the edge of that cliff. And try as we might, we cannot move away from that cliff. We cannot go anywhere. So there we sit, in a place that we do not recognize. We sit there, undefended, facing the stark realities of uncertainty and our own mortality, hoping for some kind of a future we can feel okay about.

In all of this chaos, some people are doing well. Others are crumbling. Some are going along in a business-as-usual sort of way, being quite productive. Others are trying to stay in the game but they are stumbling. Very clearly, there are huge numbers of the walking wounded who are, at once, functioning and not functioning. Their usually reliable defences have been torn away. Many are terrified and conflicted (Ćosić et al., 2020; Kroger, 2020; Lima et al., 2020; Rauch et al., 2020; Roycroft et al., 2020). When someone asks me how I am doing, I will often respond by saying, “it depends on the minute”. Mostly I am doing quite well. But I am nervous about COVID-19, and it this fear that is the motivation behind this critically reflective analysis of our relationship with fear.

For several reasons, I am afraid of contracting COVID-19. One of the things I fear the most is what I perceive to be the seemingly unpredictable nature of the severity of sickness that is experienced by those who get the disease. I know that I am not alone in my fear, that being afraid of getting sick is relatively common, and that it seems we fear some diseases more than others. Apparently cancer is the disease we fear the most (Clarke & Everest, 2006). Between 25 and 50% of people are somewhat worried, and 5 to 10% are extremely worried, about getting cancer (Vrinten et al., 2017). There does not seem to be much stigma attached to the experience of being afraid of getting cancer. On a societal level, it is as though we have determined that it is okay to be afraid of cancer. So far, this does not seem to be the case with COVID-19. Although the disease process can be severe, and even fatal, it has been my experience that the fear of contracting COVID-19 is not as widely acceptable as the fear of contracting something like cancer. I can appreciate that COVID-19 is relatively new, and that public perception, particularly in the United States, has been contorted by significant discrepancies in information sharing, to the point that some believe the pandemic is a hoax and others believe the severity of the disease has been overblown (Motta et al., 2020). Despite all of this, I have asked myself several questions about my own experience of fear of COVID-19. And when watching others, I have pondered the experiences of those who appear to be less afraid. In this regard, there is a regularly encountered, real-life experience that has been a particularly inspiring source of reflection for me.

When I venture into a store to get what I have come to call 'supplies', there are usually a few people who are not following the directional arrows that many retail shops have placed on the floors and at the ends of aisles to help us stay physically distanced from each other. It is obvious that some of these folks are travelling against the current by mistake. It is equally as obvious that others are simply choosing to disregard the arrows. I have confirmed this suspicion by talking to a few of them.

Recently I had an encounter with one of these individuals – a woman who appeared to be in her mid-30s, moving through the aisles of a chain drug store. When I reminded her of the purpose of the arrows, she responded by telling me 'we would just end up close to each other once we were in the same aisle anyhow', implying that the arrows do not really work, or are not really necessary. Her negating words and defensive tone brought our short exchange to an end. A few aisles over, she was still ignoring the directional arrows. Her actions supported her position – that the arrows do not really serve a useful purpose. I wanted her to know they do serve a purpose. This woman and the other 'brave' souls who choose to ignore those arrows do not seem to be aware of this. They do not seem to understand that beyond keeping us physically distanced from each other, beyond helping us to

avoid getting caught in each other's droplet laden slipstreams, those retail shop directional arrows are serving another, really important purpose.

For many of us who muster up the courage needed to take our masked and gloved selves into a store to get the things we need, those directional arrows help us to feel just a little bit safer. They calm some of the fear we are feeling. The act of having everyone follow those arrows provides some much needed reprieve from this otherwise raw reality that can feel too weighty to bear. It gives us a break from fear. In this regard, it could be said that by following the directional arrows, we are acknowledging – outwardly demonstrating – that we are (to varying degrees) afraid of this virus that has us in its grips. And because we are doing this en masse, all over the world, one would think there might be greater acceptance of obvious demonstrations of fear, a feeling that is innate in all of us. But, there can be stigma attached to fear, so noticeable expressions of it are not always embraced (Horwitz & Wakefield, 2012). Indeed, unabashed displays of fear have a tendency of inspiring questions and suspicions about our state of mind. Our subjective experiences of fear are quite commonly viewed as signs of a deeper, underlying pathology (Hallam, 2018; Rapley et al., 2011). Experiences of fear, nervousness and worry are too often pathologized, and then further medicalized when they are lumped into the category of 'anxiety', which is widely accepted to be a symptom of "mental disorder" (American Psychiatric Association, 2013; Frances, 2013; Horwitz & Wakefield, 2012).

Conclusion

I have wondered about the social acceptability of being afraid of COVID-19. And, I have questioned the societally sanctioned tendency to medicalize fear, more broadly speaking. Why are some of us so afraid? Is our fear unfounded? Is ours a neurotic fear, an overexaggerated worry, a pathological anxiety? Or, is it possible we are afraid because we are undefended and hyperaware, sitting nose-to-nose with these notions of uncertainty and our own mortality?

Anyone formed by anxiety is shaped by possibility, and only the person shaped by possibility is cultivated according to his infinitude. Possibility is therefore the most difficult of all categories. It is true that we often hear the opposite, that possibility is so light, while actuality is so heavy. The possibility said to be so light is usually thought of as the possibility of happiness, good fortune, etc. No, in possibility all things are equally possible and anyone truly brought up by possibility has grasped the terrifying just as well as the smiling. (Kierkegaard, 2014, p. 188)

Is it possible our fear is actually a wise fear? Might it be viewed as a veridical recognition of this frightening reality that has become part of the 'new normal' for people all over the world? In any case, because they are manifestations of our individual collection of experiences, I suggest our expressions of fear should be regarded and respected as normal and natural responses, rather than rendered invalid, or worse yet, judged as indications of mental disorder, behavioural dysfunction, or personal failing.

With all of this in mind, is it possible that those of us who are not afraid to say – and show – that we are frightened are the real brave souls? Woodman & Mellick (2000) wrote about the importance of giving “truthful expression to how I experience myself and the world” to our efforts to find our voice (p. 79).

A life truly lived constantly burns away veils of illusion, opening our eyes to our uniqueness. A life truly lived burns away what is no longer relevant, gradually reveals our essence until, at last, we are strong enough to stand in our naked truth. (Woodman in Woodman & Mellick, 2000, p. 82)

My own future, and the future of our global community, is uncertain. COVID-19 has killed many, and it could be the cause of my death. Although many of the realities that are part of our new normal frighten me, I am choosing to stand nose-to-nose with them. I'm standing in my truth, I'm using my voice, and I'm speaking to those who choose to disregard the directional arrows. Many of us are afraid. We are not ill or disordered. We are simply afraid.

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