



# It seems normal till it collapses ...

**Kathya Berrada** | Senior Programs Manager

A few weeks ago, a large majority of people outside of China were still referring to COVID-19 as just another form of the common flu. In a matter of days, everything changed; state of emergencies and lockdowns were declared in many countries across the globe. The number of those infected with the pandemic, and many of whom passed away as a result, rose dramatically in a short period of time. This was followed by panic movements, and eventually pictures of empty streets. There has been a rapid escalation in panic, the number of deaths, hospitalized people and economic consequences despite all available research and alerts published by the Global Health Organization (WHO) and specialists worldwide. Historical studies of crises and pandemics show a well documented pattern: there are systematic and continuous failures to act and evaluate the risks despite the availability of information beforehand.

In a famous experiment conducted by John Darley and Bibb Latané during the 1960's, Columbia University students were invited to fill survey questionnaires about the problems of urban life. The students were not informed that the study was merely a cover story. As they filled out the questionnaire, smoke began to enter the room. After four minutes, there was enough smoke to obscure vision and interfere with breathing. The experiment examined the reactions of students to smoke under two different conditions. In the first condition, the students were alone. In this situation, all students investigated the smoke and reported it. Under the second condition, the students were not alone. Secret confederates of the researchers were in the room. They had been instructed to not react to the smoke. In this setting, only one of the ten subjects reported the smoke. The other nine stayed in the room and completed the questionnaires despite the smoke.

The inaction of the majority of participants under the second condition of the experiment has been largely explained by three main elements: The first one is often referred to as responsibility diffusion. In a group setting, individuals tend to believe that someone else will react. The second element is the fact that our realities are socially constructed, and thus, we evaluate a given situation by observing the reactions of others. The third element is the fear of ridicule and criticism due to panicking when everyone else is calm.

Those three underlying psychological factors can provide some explanation in the face of our global inaction vis-à-vis the propagation of the COVID-19 despite World Health Organisation's alerts. We tend to believe that in the event of a virus outbreak, governments have the resources to protect us all. The fact that other people around us continue to live their lives normally comforted us in thinking that

everything is fine. The third element of fear of ridicule may to some extent explain some governments' choice to not build strategic stocks of related medical equipment. In a precedent and following the outbreak of the A (N1H1) flu, a french health minister ordered millions of vaccines which later turned out to be unnecessary, causing her major criticism over mis-management of public resources. In hindsight, it would have been more prudent to build supplies of masks and COVID-19 diagnostic tests as early as late January. However, governments did not do this due to the presumption that the new virus would do no more damage than the seasonal flu.

Our cognitive patterns and biases further add to the complications of making accurate risk evaluations. One of the cognitive patterns is that the brain tends to make analogies with known situations. The COVID-19 symptoms are very similar to that of the seasonal flu. This leads us to downplay the severity of the new virus. In the same view, the normality bias, or the tendency to believe that things will function the same way they did in the past, leads to underestimate the likelihood of a disaster and its impacts. Till few days ago, pictures of fully packed streets and metros continue to come from countries such as Egypt for instance, a country with high population density where some still consider that things are normal and nothing much to worry about.

Finally, the capacity to evaluate risks involve some basic affinity with numbers and ways of thinking that may seem counterintuitive for the larger public. The capacity to foresee the exponential increase in COVID-19 cases starting from relatively low and isolated cases is not very common. Additionally, the capacity to be open to two or more possible scenarios and adjust our behaviors according to the changing data (i.e. to stop traveling) is very counterintuitive. Individuals tend to favor a given scenario and maintain the same initial behaviour despite the publication of new studies and the availability of information.

The above is nothing more than a few elements to explain why most governments did not foresee the outbreak and propagation of COVID-19, or why most of us did not cancel our travels, buy masks or start washing our hands more regularly before the lockdowns. Yet, they are worth considering as individual behavior impacts us all even more so during the global health crisis- stay safe!