On war metaphors, communicating uncertainty, avoiding stigmatizing language during COVID-19

The __4th webinar in the COVID19: Ask the Experts__ series hosted by DBT/Wellcome Trust India Alliance (India Alliance), THSTI, IAVI, and Nature India on 17 April aimed to understand and deconstruct the role that language plays when we talk about a pandemic. A "People's War", "tackling the pandemic on a war footing" and "wartime president" are just a few in what is a long list of war metaphors being frequently used in the media and other places to highlight the impact and scale of the crisis. But is comparing a pandemic to war needed? How does the use of such metaphors influence public understanding of the health crisis and, ultimately, their response to the crisis?

Dr. Soumitra Pathare, a psychiatrist and Director at the Center for Mental Health Law and Policy, discussed the use of war metaphors for outbreaks, on the kind of stigmatizing language that needs to be avoided, communicating uncertainty of the pandemic and much more at this webinar.

[Edited excerpts from the webinar]

Effect of the language used in pandemic communication on human psychology and our response to the crisis:

Hashtags like "Corona Warriors," "Corona fighters," "Corona war" are all trending lately. But this isn't new. We've seen similar metaphors being used while communicating about cancer and HIV in the past. I'm sure there are lots of merits. They might galvanize society to put up with hardship when in a pandemic-like situation.

Although I see particular problems, especially from the health sector perspective. I wish to point out a few:

1. Once you call this a war and health workers, warriors, they are expected to behave like soldiers, which means they must display stoicism. For example, healthcare workers, doctors, nurses, ASHA workers should not complain about a lack of personal protective equipment (PPE) or poor working conditions in the hospitals they work in. Also, like soldiers, health care workers should not be speaking to the media. We expect them to do their work and not identify or raise problems.
2. Wars need enemies. Here we have an enemy that we cannot see. I think when people cannot see an enemy, they tend to manufacture them. For instance, during the Second World War, US citizens of Japanese origin were seen as a fifth column and were then, in turn, for the most throughout the war. Individuals and communities can get designated as enemies, and that creates a problem for the health sector. Health workers are then expected to not provide good quality health care to these so-called enemies. This is a problem for healthcare workers.

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3. The third issue is more global than local. A certain amount of collateral damage is being seen as acceptable. The war metaphor breaks down global solidarity, something which we really need. So, we hear the expression "Chinese virus," and then it snowballs into nations fighting each other. You see attacks on the WHO. That's the kind of fallout that stems from this notion of a war. One or another country is designated an enemy. Right now, the WHO is. Since it is a war, everyone is fending for their own. This is all seen as normal because it's all seen as part of the war metaphor that we are into.

4. The other important issue that I find with language has been the use of words like "corona suspects". It is a problem as it leads to criminalization. "Corona suspects" haven't committed a crime. They may have a health condition, but the use of the language makes it criminal. When you do that, I think it also then justifies violence - verbal or physical.

5. Finally, as a health professional, I think language can create fear and panic. Since we wish for people to stay at home, the messaging is usually - do not step out, or you might fall sick. Titrating the message is always very difficult, resulting in too much fear that, in turn, leads to panic. If you look at our past experience, say with the HIV epidemic, we have learned that appeals to fear do not work. One of the things that fear does is that people stop coming for testing early, or they start preventing healthcare workers from visiting their homes while the latter are tracing contacts.

What are the better ways of talking about COVID-19?

So, what are the alternatives that we can use? Some people suggest using metaphors drawn from ecology. You see the pandemic more as a journey, or you see the response to the pandemic as something that is an orchestra. Why a journey? A journey requires planning. There'll be some obstacles, and you will ultimately get to your endpoint so you could see the pandemic as a user metaphor of a journey if you see there as an orchestra, for example, that requires a coordinated action it requires working together. I think fundamentally, as the German president said the other day, the "pandemic is a test of our humanity." I think we need to succeed at that.

On avoiding stigmatizing language:

> Stigmatizing language can simply be avoided by not referring to people as "*COVID19 patient*" but calling him/her a "*person with COVID19*".

I think we need to focus on the human behind the illness rather than focusing on the illness while communicating. That can happen simply by not referring to people as "COVID19 patient" but calling him/her a "person with COVID19". This separates the identity of the human being from the illness. Human beings, who have fears, anxieties, concerns.

It's also important to avoid invoking fear. For instance, repeatedly saying that COVID19 has no cure or talk more about the fatalities. I don't think that's very helpful. How do you inculcate trust in communication? By ensuring you are transparent in your communication. That, to me, is the best disinfectant against mistrust. Add to that, avoidance of technical jargon. A wonderful example of great science communication is the way German Chancellor Angela Merkel explaining "flattening the curve" in a way understandable to a person who doesn't have a science background.

On talking to children about COVID19:

There is a book prepared by the Inter-Agency Standing Committee on how to explain COVID19 to children that you can read to children. It is also available in many languages and an excellent resource.

The prime minister of New Zealand did the same thing, and she was quite funny about missing out on Easter. I think some leaders have taken the lead when it comes to talking to children.

On anxiety:

We need to be wary of the fact that anxiety is a valid emotion in this crisis. Having accepted that, we need to work together to find a way to deal with – children or adults.

The insistence on "social distancing" and usage of the term has been translated to mean that we are all now islands by ourselves. It is often misunderstood that we are supposed to look after ourselves as individuals. I think it's important to make people understand that they should be responsible for themselves and they should care for others.

> Science faces the challenge of communicating that there is a degree of uncertainty about finding solutions, and that underlies the method of science.

On talking to the elderly:

Rather than emphasizing that elderly is at risk because of an increased chance of them having that they have underlying co-morbidities, I think it is important to have a more practical and focused discussion. It will make sense to discuss having an advance directive, what it should be like, and about the people they would leave behind if they have to go to the hospital. Things as simple as who would be looking after the pet can be discussed. The conversation can rather be about how to mitigate the risks and risks per se.

On communicating uncertainty:

I don't think that anyone of us has a clear answer to that. I remember talking to an Uber driver a month back. He said, why does science not have a solution to the COVID-19 crisis. I tried to explain to him how science progresses, how it works, and finding a solution often takes time. People are looking for certainties, and then there are other people offering certain answers. Religion, for example, does tend to offer certainties and answers. Science faces the challenge of communicating that there is a degree of uncertainty about finding solutions, and that underlies the method of science. We have been emphatic of science being the problem-solver without actually letting people understand how the method of science works.

Final words:

This pandemic has taught us that preparedness should also factor in messaging during these times. Better health and science communicators are needed now. We might need them again.

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Watch the recording of this webinar **HERE**