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Epidemic psychology: a model

Abstract When the conditions are right, epidemics can potentially create a medical version of the Hobbesian nightmare – the war of all against all. A major outbreak of novel, fatal epidemic disease can quickly be followed both by plagues of fear, panic, suspicion and stigma; and by mass outbreaks of moral controversy, of potential solutions and of personal conversion to the many different causes which spring up. This distinctive collective social psychology has its own epidemic form, can be activated by other crises besides those of disease and is rooted in the fundamental properties of language and human interaction. It is thus a permanent part of the human condition – and widely known to be such.

Introduction

This essay is a first attempt at a general sociological statement on the striking problems that large, fatal epidemics seem to present to social order; on the waves of fear, panic, stigma, moralising and calls to action that seem to characterise the immediate reaction. Of course, severe epidemics may also present serious threats to both the economy and to welfare. The assault on public order is, in part, moulded by the other ravages made by the epidemic. Singling it out for separate theoretical treatment may, however, lead to important analytic gains. Not only may public order be challenged in a most unusual fashion, but the subjective experience of the first social impact of such epidemics has a compelling, highly dramatic quality (Rosenburg 1989). Societies are caught up in an extraordinary emotional maelstrom which seems, at least for a time, to be beyond anyone's immediate control. Moreover, since this strange state presents such an immediate threat, actual or potential, to public order, it can also powerfully influence the size, timing and shape of the social and political response in many other areas affected by the epidemic.

How can this initial drama be analysed? I shall argue that the early

reaction to major fatal epidemics constitutes a distinctive psycho-social form; one which I shall term *epidemic psychology*. Its underlying micro-sociology may well be common to all such diseases – or so I shall hypothesise – but is manifested in its purest shape when a disease is new, unexpected, or particularly devastating. Versions of it may also perhaps be found, mutatis mutandis, in other distinctive but parallel types of dramatic social crisis, in times of war and revolution as well as those of plague. (Hobbes' *Leviathan*, published in 1651, was both the first major analysis of social order and written in a time of civil war.)

The essay itself is in two main parts. The first explores the general nature of epidemic psychology and the special challenge it presents to public order; the second considers some contrasting psychological and sociological explanations. The model has been built in the normal, inevitable but still fairly dubious way, moving back and forth from the particular features of AIDS to more general reflections on the hypothesised wider social form. Not only are inquiries in both fields still highly preliminary, but the general model is heavily informed by the particular instance of AIDS. The paper is not alone in such sins. The first shock of AIDS has already produced several interpretations of the epidemic sensibility, some more global than others (Frankenburg 1988, Rosenburg 1989, Weeks 1989).

Each of these differing interpretations has considerable power. Some problems, however, remain. Frankenburg and Weeks, while drawing on sociological theory, are explicitly committed to particular lines of action, for these papers were written at a time when the maelstrom still roared. For all their contribution, their deliberate involvement in efforts to control epidemic psychology means that they are still part of the very process that needs to be described. Rosenberg, who deals with epidemics in general and not just with AIDS, is much the most dispassionate of the three. He too wishes to uncover a standard social form. However, the form he attempts to describe is rather different from that considered here. He focuses on a broad hypothesis concerning the common social trajectory of major epidemics and says relatively little about their initial social impact. (Moreover, despite noting how 'epidemics have always provided occasion for retrospective moral judgement,' (1989: 9) he too falls victim to the same disease on occasion.)

There is, therefore, still plenty of scope for a systematic exploration of the first shock of fatal epidemics. My hope is to provide a general model of epidemic psychology; a model which is, at the same time, directly rooted in some fundamental properties of human society and social action. Through this means, the peculiar features of the first impact of AIDS (and other such related phenomena) can be much more systematically explored. The paper is based on some initial general reading and a pilot round of interviews with some key participants in the early years of the British AIDS story. It forms part of a wider programme of studies funded by the Nuffield Provincial Hospitals Trust into the social history of the impact of

AIDS on the UK (Berridge and Strong forthcoming, Strong and Berridge 1990). The aim of this essay is not to present the data on which these preliminary conclusions are based but simply to sketch out the model.

Epidemic psychology: notes on the model

Epidemic psychology is a phrase with a double meaning. It contains within it a reference, not just to the special micro-sociology or social psychology of epidemics, but to the fact that that psychology has its own epidemic nature, quite separate from the epidemic of disease. Like the disease, it too can spread rapidly from person to person, thereby creating a major collective as well as individual impact. At the same time, however, its spread can take a much wider variety of forms. Epidemic psychology, indeed, seems to involve at least three types of psycho-social epidemic. The first of these is an epidemic of fear. The second is an epidemic of explanation and moralisation and the third is an epidemic of action, or proposed action. Any society gripped by a florid form of epidemic psychology may, therefore, simultaneously experience waves of individual and collective panic, outbursts of interpretation as to why the disease has occurred, rashes of moral controversy, and plagues of competing control strategies, aimed either at containing the disease itself or else at controlling the further epidemics of fear and social dissolution.

The particular features of all three psycho-social epidemics need closer examination. But, before doing this, several qualifications and asides should be made. From a sociological point of view what is interesting about these epidemics of fear, explanation and action is that they have the potential capacity to infect almost everyone in the society. Just as almost everyone can potentially catch certain epidemic diseases, so almost everyone has the capacity to be frightened of such diseases – and, likewise, has the capacity to decide that something must be done and done urgently. All three epidemics, therefore simultaneously possess profound psychological and collective characteristics.

A second comment concerns the status of the overall conceptual schema. This is a paper which deals with ideal types, with necessarily gross simplifications. Its aim is to build a core model of epidemic psychology, of both its characteristic features and its underlying possibilities. It presents some of the sorts of things that may potentially happen. Of course, on any particular occasion, not all of them will. But creating idealised types of social form helps us make patterns out of the chaos of events. Such patterning is an ancient tradition in social science. In this instance, however, it has a further analytic utility. Epidemic psychology may only rarely take the strongest of the forms sketched here but, at the very beginning of a new epidemic when so much is unknown, there is always the prospect that it might. This inherent possibility is itself a powerful determinant of both the crisis and the subsequent response. Fear can feed

on itself, just as governments must respond to what might happen as well as to what has already come to pass.

Put another way, although epidemic psychology has not been a conventional subject in modern medical or micro-sociology, it seems to be a clearly recognized possibility in lay thought. It may never be elaborated in the way described here but the potential reality of the phenomenon seems a fundamental given, an all too vivid danger, in human social apprehension. Even if the apocalypse is not now, who knows when the four horsemen may ride? Everyone has deep personal experience of panic. Most of us, moreover, know something of minor social crisis and most of us, more particularly, have been taught something dramatic about bubonic plague. Many commentators have criticised the tabloids' use of the phrase 'gay plague' to describe AIDS. Fewer have noted the extraordinary historical resonance of the Black Death in popular culture. Six hundred years on, it remains one of the most powerful of all European folk memories. Epidemic psychology, then, is not just an analyst's construct but an ideal-type which is in everyday use.

Some comment must also be made on the validity of the distinctions I have just introduced between the different types of psycho-social epidemic. Any sharp separation between different types of epidemic psychology is a dubious business. To distinguish fears from action and morality from strategy seems arbitrary and inaccurate. In actual life, these matters are inseparably intertwined. Different sorts of fear, for example, generate quite different sorts of action. Analytically, however, the distinction has its uses.

Finally, it is worth elaborating a little on the point that the epidemics of fear, interpretation and action seem to be much more severe when the disease is new or strikes in a new way. Once bubonic plague had returned again to Europe in the fourteenth century, major epidemics broke out roughly once every twenty years. After the first horror of the Black Death, these outbreaks were never quite as virulent, except in particular isolated locations, but there was still an overall mortality of perhaps fifteen or twenty per cent in many towns. (Open University 1985) However, although the plague was always awful, individuals, towns and cities developed routine, often rapid, ways of responding to it – at least some of the time. (Cipolla 1973) Plague, then, became normalised and institutionalised (just as AIDS has begun to become now). In these changed circumstances, plague was still appalling but it was now, at least on some occasions, a familiar condition and could be greeted in a familiar way: 'Oh God, it's plague again, we'll have to shut up the city,' rather than 'Oh my God, what is this, is it the end of the world?'

By contrast, as the instance of the Black Death so vividly illustrates, new forms of fatal, epidemic disease can potentially be much more terrifying and may generate much more extreme reactions and diverse reactions.

When routine social responses are unavailable, then a swarm of different theories and stategies may compete for attention.

The different psycho-social epidemics

Consider the different psycho-social epidemics in turn. The epidemic of fear seems to have several striking characteristics, or potential characteristics, all of which will be fairly obvious to the reader, since we have just lived through such an epidemic ourselves. None the less, they are worth listing systematically. First note that the epidemic of fear is also an epidemic of suspicion. There is the fear that I might catch the disease and the suspicion that *you* may already have it and might pass it on to me. A second characteristic of novel, fatal epidemic disease seems to be a widespread fear that the disease may be transmitted through any number of different routes, through sneezing and breathing, through dirt and through door-knobs, through touching anything and anyone. The whole environment, human, animal and inanimate may be rendered potentially infectious. If we do not know what is happening, who knows where the disease might not spring from?

A third striking feature, closely linked to the two above, is the way that fear and suspicion may be wholly separate from the reality of the disease. Just as HIV spread silently for several years before anyone was aware of its presence, so it is possible for great waves of panic and fear to spread among a population even when almost no-one has actually been infected. Japan seems to have experienced such a reaction to just one case of AIDS in 1987 (Ohi *et al* 1988). Likewise, as soon as AIDS became a public crisis in the UK (a process which began in the last week of April 1983, when mass media coverage suddenly erupted) doctors began to see a wave of patients who were obsessed with the fear that they had the disease and could not be persuaded to the contrary (Weber and Goldmeier 1983; see also Jaeger 1988).

Such panic and irrationality can extend even to those who are nominally best informed about the disease. Experienced doctors could still turn hot and cold when they saw their first AIDS patient, or be unable to extend the normal social courtesies to AIDS campaigners. Experienced natural scientists could find themselves unable to treat HIV like any other virus. (Strong and Berridge 1990).

Classically associated with this epidemic of irrationality, fear and suspicion, there comes close in its train an epidemic of stigmatisation; the stigmatisation both of those with the disease and of those who belong to what are feared to be the main carrier groups. This can begin with avoidance, segregation and abuse and end – at least potentially – in pogroms. Personal fear may be translated into collective witch-hunts. Moreover, so we should note, such avoidance, segregation and persecution

can be quite separate – analytically at least – from actions aimed at containing the epidemic. Such behaviour can occur with all types of stigma, not just with that of epidemic disease. We are dealing here with magic and taboo, not just with quarantine.

Now consider the epidemics of explanation, moralisation and action, epidemics which can be a response both to plague itself and to the plague of fear. Here, too there are several different dimensions. One striking feature of the early days of such epidemics seems to be an exceptionally volatile intellectual state. People may be unable to decide whether a new disease or a new outbreak is trivial or whether it is really something enormously important. They swing backwards and forwards from one state of mind to another. There is, then a collective disorientation. (See Ferlie and Pettigrew 1990, 203) And if individuals do finally decide that this is something very serious, further unusual psychological states may occur in some people. The process seems rather similar to that of religious conversion. Like St. Paul on the road to Damascus, some people may suddenly find their beliefs and their lives transformed. Some of those whom we have interviewed could remember the precise moment at which they had become converted about AIDS. And some of these, in turn, became messianic – from then on, they rushed out and tried to warn, educate and convert other people.

Thus, when a disease is new and there are no routine collective ways of handling it, a thousand different converts may spring up drawn from every part of society, each possibly with their own plan of action, their own strategy for containing and controlling the disease. Moreover, this epidemic of converts, actions and strategies is matched by an epidemic of interpretation. When an epidemic is novel, a hundred different theories may be produced about the origins of the disease and its potential effects. Many of these are deeply moral in nature. All major epidemics pose fundamental metaphysical questions: how could God – or the government – have allowed it? Who is to blame? What does the impact of the epidemic reveal about our society? The Black Death was a challenge to orthodox Christianity, just as AIDS challenged, at least for a time, the power of bio-medical science. Likewise, while some traditionalists have seen AIDS as a terrible judgement on the state of our sexual morality, some liberals have viewed its consequences as an appalling inditement of the state of our health services, or of our attitudes to homosexuality.

The furore and hubbub of intellectual and moral controversy may, in turn, be dramatically increased by the huge rash of control measures now proposed to contain the disease. Many suggestions for limiting the contagion may cut across and threaten our conventional codes and practice. Trade and travel may be disrupted, personal privacy and liberty may be seriously invaded, health education may be enforced on matters that are normally never talked about. Even treatment may be unethical to

some. (Brandt's [1987] social history of STDs contains many examples of this latter tendency.)

Finally, because of the disruption and disorientation that such epidemics produce they are also fruitful grounds not just for moral debate and moral challenge but for all kinds of 'moral entrepreneur' (Becker 1963). For anyone who already has a mission to change the world – or some part of it – an epidemic is a new opportunity for change and conversion. Thus, cholera gave a platform to both religious revivalists and to those who wished to clean up Victorian cities. Likewise, AIDS has offered new sorts of possibility for the religiously conservative, for those who wished to reform services for STDs and drug addicts, for those gay men who were unhappy with recent trends in gay sexual expression.

In conclusion, the distinctive social psychology produced by large-scale epidemic disease can potentially result in a fundamental, if short-term, collapse of conventional social order. All kinds of disparate but corrosive effects may occur: friends, family and neighbours may be feared – and strangers above all; the sick may be left uncared for; those felt to be carriers may be shunned or persecuted; those without the disease may nonetheless fear they have got it; fierce moral controversies may sweep across a society; converts may turn aside from their old daily routines to preach a new gospel of salvation; governments may panic. For a moment at least, the world may be turned upside down.

The origins of epidemic psychology

Epidemic psychology is unusual, powerful and extremely disturbing. How can it best be explained? Why do human beings behave like this? This next section considers alternative sorts of explanation. The first of these will be familiar, for it has been the most common interpretation of the crisis over AIDS, though the argument itself is rarely spelt out. What we have, instead, is argument by implication. The key terms in this implicit theory are words like 'panic', and 'hysteria'. The analysis is, thus, essentially psychological in form.

Epidemic psychology is based, so this story implies, on the primitive, irrational emotions that are buried within each human being. The fundamental model of human beings and human society presented here is essentially Manichean. Humanity, apparently, has a dual nature. A thin veneer of rationality covers a mass of dark, unpleasant passions. In ordinary times, most human beings manage to stay more or less rational, but in a crisis – such as epidemics produce – the unpleasant emotions dominate. Enter fear, frenzy and the Witch-finder General. In the most common variant of this tale, there is a sharp separation between the right minded few who know better (you and me) and the ignorant and atavistic

many who are whipped to a frenzy by cynical politicians and journalists (in former days the mob, nowadays the readers of the *Sun*).

I want to present, instead, another version based on the American tradition of micro-sociology (Collins 1985) and, in particular, on the perspective of two philosophers who have shaped much of that tradition, George Herbert Mead (1956) and Alfred Schutz (1970). Take a broadly Meadian position first. In this, the conventional distinction between the individual and society is abolished. Human social institutions exist in their own right and yet also comprise a myriad encounters between individual human beings. On close examination, for example, both British sexual mores and the British National Health Service splinter into a billion, diverse acts and interactions. Psycho-social matters are, thus, concerned with those properties of individuals and their interactions that have consequences for the societies which they compose – and vice-versa. Their analysis can proceed in at least three directions: staying at the micro-macro interface to examine its precise mechanics; moving down towards the response from or impact upon the individual psyche; or, moving up to consider the interaction with the macro world. This third area of investigation is the collective psycho-social realm – the realm of epidemic psychology as I have defined it here.

That realm, like the other parts of the human micro-social world, has some distinctive features. Certain aspects of human beings and the societies they create are natural phenomena, species characteristics. However, while part of our nature may be fixed, we are the only species to have escaped from a conventional ecological niche. The unique human capacity for language moulds our individual and collective social being in radically different ways from any other part of creation. Language creates the possibility of uniform, sometimes coordinated action involving two, three, tens, hundreds, thousands, even millions of human beings. But language also creates the prospect of alternative programmes, of innovation as well as stability, of revolt as well as obedience, of sectarian as well as communal goals. Unlike their animal counterparts, human societies are, thus, enormously diverse, far more complex and, though elaborately organised, still potentially subject to fundamental change, simultaneously massively ordered and extraordinarily fragile. Of course, most of the time, in the dull grind of our daily lives, our dominant perception is of order. But every now and then chaos erupts in a wholly unexpected and spectacular fashion: epidemics and revolutions erupt, empires suddenly rise or fall, stock markets crash. The world appears brittle, flimsy and open, at least for a moment.

Since the macro sphere is, in key part, constructed through the micro-social world, a similar balance of solidity and fragility can be found at the micro as well as the macro-social level, as Goffman has elegantly shown (Goffman 1961, 1971; Strong 1988). Social occasions are little social systems, each possessing distinct sets of conventional identities whose

scripts have been constructed over the years. Of course, since human beings are ingenious creatures, these identities are not simply allocated, internalised and possessed, they are also displayed, denied and negotiated. The micro-social world is thus (like its macro-social counterpart) simultaneously highly ordered and extremely fragile, exerting massive pressure on the individual actor and yet endlessly redefined and repaired.

With the work of Schutz, we can take the analysis of the micro-social world further still. The popular theory of epidemic psychology rests on a contrast between the surface rationality of everyday life and the raw emotions that lurk beneath. Schutz saw everyday life rather differently. For him it was a matter neither of rationality nor irrationality, but of routine. On his account, the ordinary daily life of individuals and societies is a matter of recipe – endless, humdrum work using taken-for-granted solutions to the thousand and one minor tasks which life constantly presents. These routines and recipes are individually learnt but mostly social in origin. Indeed, they form much the most important part of our collective social consciousness.

This daily work has one further important characteristic. We do many things simultaneously but, in the nature of human consciousness, our immediate attention can be given to only one of those things at a time. All our other, innumerable tasks are, meanwhile, conducted on auto-pilot. If we are worried or well-organised, they may occasionally be monitored to check whether problems have arisen. Otherwise, they are simply processed as before. Most of our actions are habitual and unthinking. (We rarely examine, for example, just which people we touch and how.) Much of our collective consciousness is therefore assumed and unexamined.

Unusual but persistent trends or events can, however, force themselves upon our consciousness, upsetting some or many of the mundane ways in which we are geared into the everyday world. Wholly new sets of recipes must be devised, novel ways of coping with new sorts of problem. Such adjustment is a permanent process. Very few parts of our lives are wholly stable. A few events, however, stand quite outside this process of routine evolution, for some present immediate challenges to our whole way of life, or to life itself. In this situation, two polar responses may be singled out. At one extreme, major threats may be handled in a coordinated fashion, with a cool, sustained focus on the problem at hand, a shunting aside of many other issues, a sustained mobilisation of programmes, recipes and resources. But there may also be a very different reaction, a distinctive epidemic psychology in which contagious waves of panic rip unpredictably through both individuals and the body politic, disrupting all manner of everyday practices, undermining faith in conventional authority, feeding on themselves to produce further, more intense panic and collapse. Different phases of the French Revolution illustrate both reactions. (See Lefebvre 1932, tr. 1973; Schama 1989) So, also, does large-scale, fatal, epidemic disease.

Language's fundamental role in the construction of human society can, therefore, explain much of the societal potential for epidemic psychology. The first form of that psychology, the epidemic of fear and suspicion is, at bottom, an unusually powerful pathology of social interaction. No social order can last long when basic assumptions about interaction are disrupted, when every participant fears the other, or suspects that the other may fear them. Fatal epidemics have the potential, in theory at least, to create a medical version of the Hobbesian nightmare: the war of all against all. Moreover, not only does contagious disease strike directly at the micro-processes through which society is constructed, but the human possession of language means that the fear of such disease can be rapidly, even instantly transmitted (as through television) across millions of people and from one society to another.

The plagues of competing moralities and control strategies also have their origins in language. Deviance, for example, is a collective product. We are moralising and typifying animals. The human capacity for language generates the possibility of evaluation and every aspect of our lives is shot through with such judgements. The boundaries of the good cannot be established save through the identification of the wicked. The boundaries of the normal are defined by the abnormal. Stigma is, thus, a human universal (Goffman 1968) not an aberrant unpleasantness which could be banished if only we were all nice to one another. Routinised stigma will always be with us and social crises, such as plague, create the potential for major outbreaks of new or more intense forms of stigmatisation. As for strategies to control both plague itself and the psychology it produces, language creates the possibility of science and technology – both natural and social – and also of religion and magic. It thus shapes both the means through which we can respond to epidemics and the huge potential diversity of such means.

In summary, the human origin of epidemic psychology lies not so much in our unruly passions as in the threat of epidemic disease to our everyday assumptions, in the potential fragility of human social structure and interaction, and in the huge diversity and elaboration of human thought, morality and technology; based as all of these are upon words rather than genes. Epidemic psychology can, thus, only be conquered when new routines and assumptions which deal directly with the epidemic are firmly in place, a process which requires collective as well as individual action. Such reactions are likely to be a little more varied than the matters discussed in this essay. Epidemic psychology would seem, on the face of it at least, to be a human universal. But in dealing with the threat to public order that it poses, different societies may have very different sets of preferences, very different types of structure and very different means at their disposal.

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