eye square

COVID-19

An Attack on the U.S. Psyche

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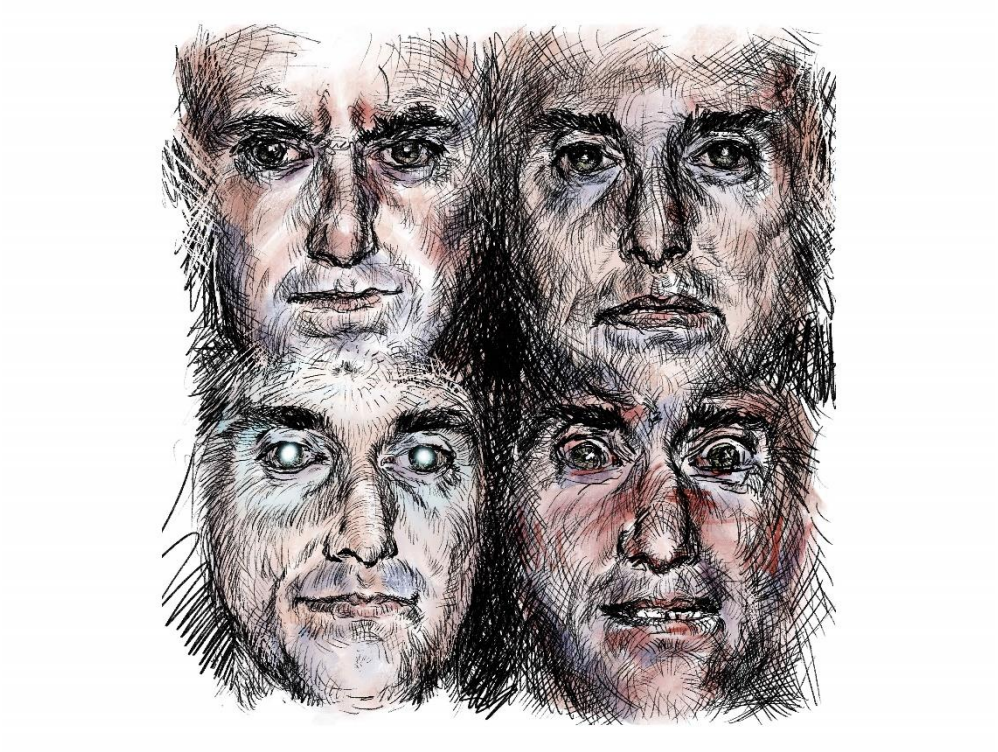


Understanding the emotional reaction to COVID-19

An implicit study on the perception of Coronavirus and the Flu in the U.S.

- What emotions surround the COVID-19 pandemic?
- How do different population groups feel (gender, age, household structure)?
- Which emotions are experienced subliminally, and which explicitly and rationally?

Information about COVID-19 and its effect on daily life around the world is pervasive in the media at the moment. The true extent of the consequences of the pandemic are yet to be determined, but with the transition of much of the workforce to home office, sudden unemployment amongst hourly workers, cancelled events, comprehensive travel restrictions and the onset of 'social distancing' across the country, it is clear that emotions are running high.

But how much fear does COVID-19 trigger in each individual?

Psychologically, fear has an implicit (semi-conscious) component: often people do not want to talk about it; more often they can't find the words to express how they are truly feeling, even if they wanted to.

eye square, a global leader in human experience research, wanted to better understand the emotional landscape in the US with regards to COVID-19. They conducted an online panel study with 300 participants across the United States from March 13-16, 2020. The data were collected through a combination of implicit measurement (reaction time measurement with 37 attributes) and explicit questions. The measurements were performed for both "Coronavirus" (also referred to as COVID-19) and "Flu."

Results:

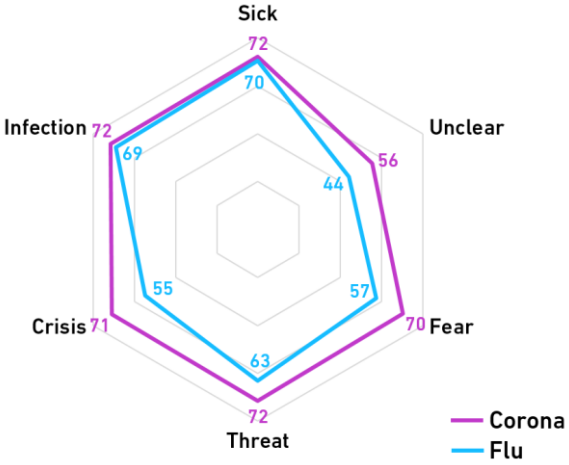


Fig. 1

COVID-19 severely affects the U.S. psyche. It is a mortality-salient stimulus (reminder of personal death), triggering high emotional arousal, anxiety, sharpened perception, defensive thinking, protectiveness of the family / in-group. It has considerable impact on political decision-making, consumer and media behavior.

As compared to the common flu, COVID-19 elicits heightened feelings of "crisis", "fear", and "threat". It is strongly associated with the economy, and is understood as a global problem. There is a lack of clarity around COVID-19, reflected in increased association with "unclear", that is likely connected to the fear and anxiety felt around the pandemic; yet, simultaneously, the feeling that the situation may be exaggerated exists.

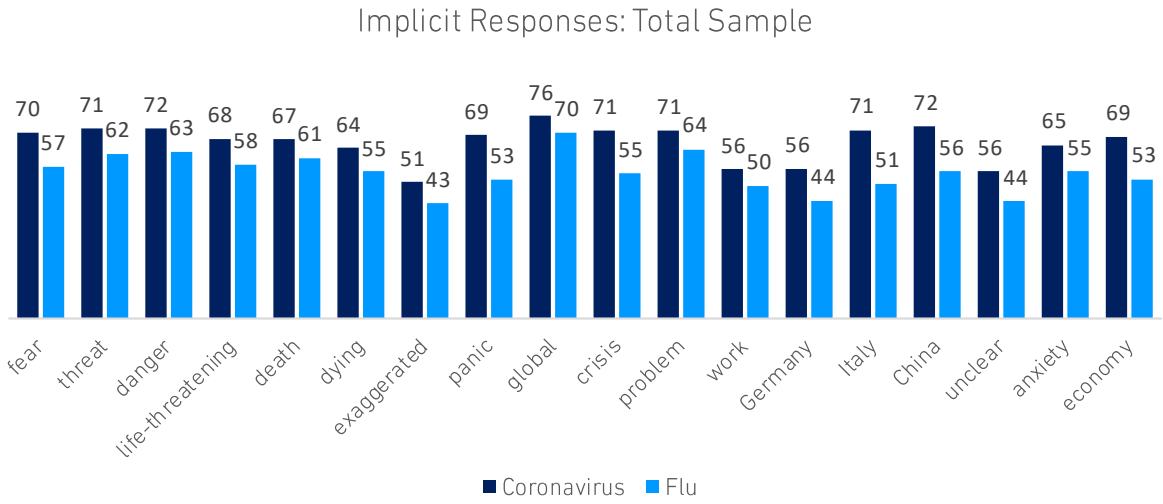


Fig. 2

At the time of the research, COVID-19 remained an abstract and invisible threat for much of the US. Most of the population had little experience with the tangible danger it poses, and few people knew someone with symptoms of the virus. At that point, COVID-19 was still primarily a media event characterized by extensive dystopian coverage, without much grounding in factual, real encounters with the disease or its consequences.

More EXPLICIT concern about the economy than about health and families

When asked, more participants were more concerned about the effect that the virus would have on the economy than were concerned about their own health or the health of their families.

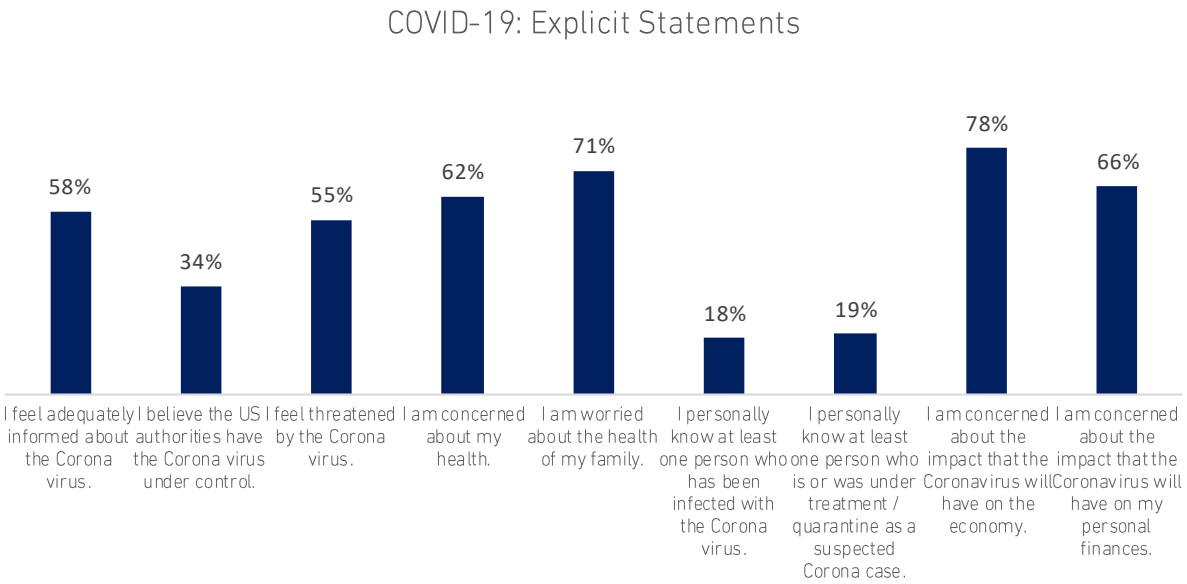


Fig. 3

Stronger IMPLICIT reaction: Elderly, females, single individuals and those in mid-sized cities

The virus evokes not only concrete fear, but also a more nebulous sense of anxiety within the population. This sense of anxiety is more pronounced among female participants than male (69% vs 61%). The older population (ages 40-69) in the US generally has a stronger emotional reaction to COVID-19 than the younger (ages 16-39). They associate the disease more strongly with "economy" (73% vs. 62%), as well as with "community" (70% vs. 60%) and "support" (60% vs. 52%), whereas the younger population feels more "indifferent".

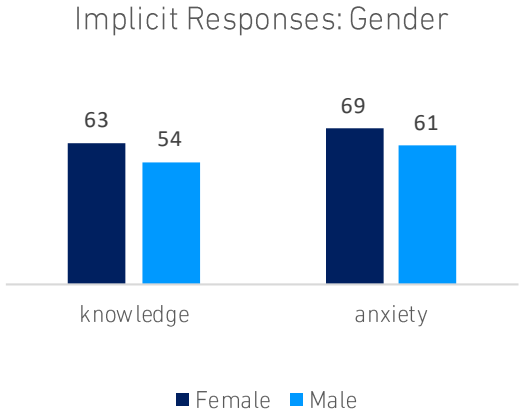


Fig. 4

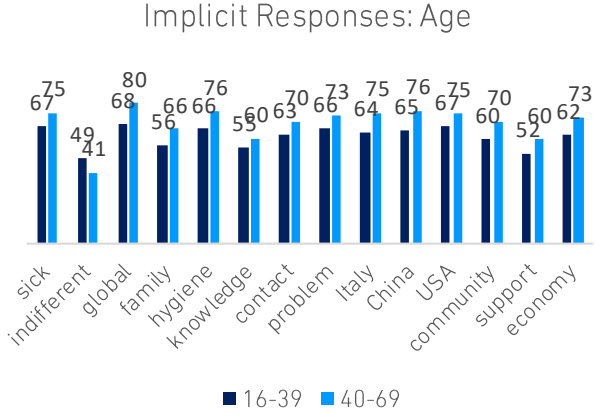


Fig. 5

With the onset of social distancing, we see a marked difference in the emotional responses to COVID-19 for single individuals as compared to those with partners. Single people are more fearful (76% to 57%) and anxious (72% vs. 63%), and have stronger associations between the disease and "safety" (72% vs. 61%), "unclear" (66% vs. 54%).

Participants who live in mid-sized cities (20,000-250,000 inhabitants), have greater feelings of "danger" (78% vs 66%), "life-threatening" (75% vs 61%), and "death" (73% vs 62%), than those who live in smaller towns, possibly because smaller towns feel more remote resulting in a slightly higher sense of security.

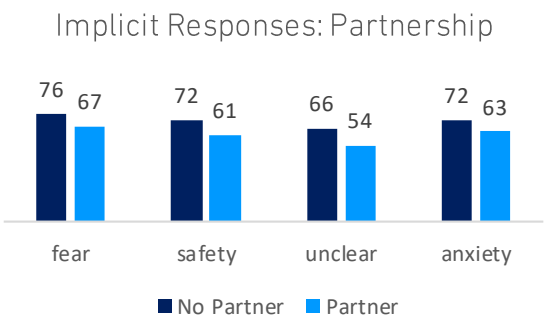


Fig. 6

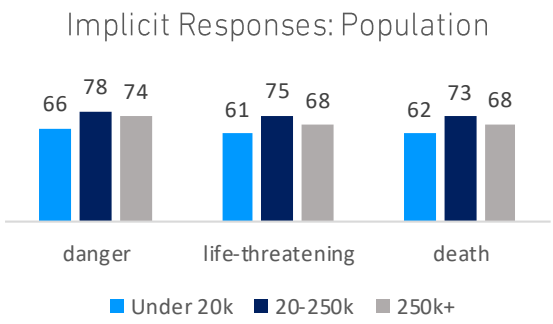


Fig. 7

Those with a stated increase in news media consumption over the past week have stronger emotional associations with COVID-19 overall; perhaps most promising for the successful enactment of prevention measures is an increased understanding of "responsibility" (75% vs 61%). This shows – inter alia – how much of the crisis is at least partially a media-phenomenon. It is a remarkable example of the impact that the media has on real life – with various opportunities for media and advertisers as well as risks for rational public discourse and crisis management.

Unsurprisingly, those who have willingly cancelled planned travel and events as a result of the virus also have a stronger emotional response to COVID-19 than those who have not.

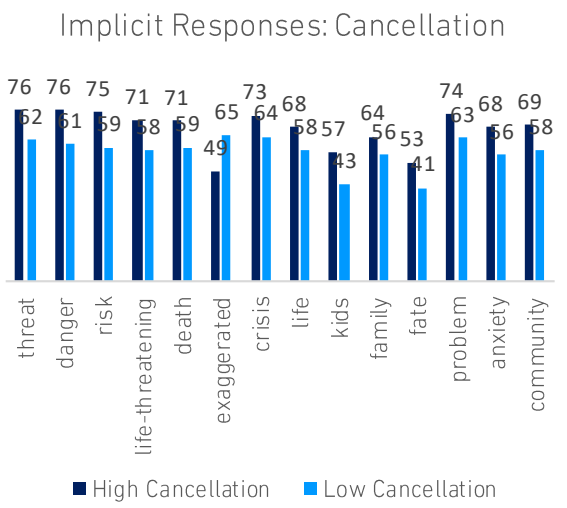


Fig. 8

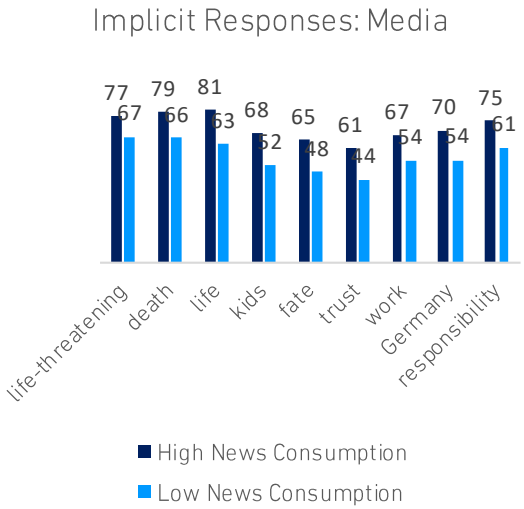


Fig. 9

How does the emotional reaction in the US compare to that in other countries?

Compared to a similar study run in Germany on March 6-7, 2020, US participants have a significantly stronger association between COVID-19 and several attributes as compared to their German counterparts.

Americans tend to feel more indifferent (44% vs 37%), which suggests a continued perceived distance from the pandemic consistent with the mindset of American Exceptionalism that has been pervasive throughout US history. The degree to which self-reliance is part of the American ethos would also serve to explain this association.

The stronger affiliation with "work" (56% vs. 49%) and "family" in the US (68% vs. 60%) indicates an understanding that the pandemic will likely lead to a substantial shift in the status quo, both in terms of work (shift to remote work/sudden threat of unemployment) and family life (home school/quarantine). Finally, the stronger association with "contact" suggests an internalization of the notion that the crisis is exacerbated by social contact—all the more possible as this research was conducted during the first big wave of calls for "social distancing" as the proposed means by which to "flatten the curve" and thus prevent worsening the crisis by overwhelming the healthcare system.

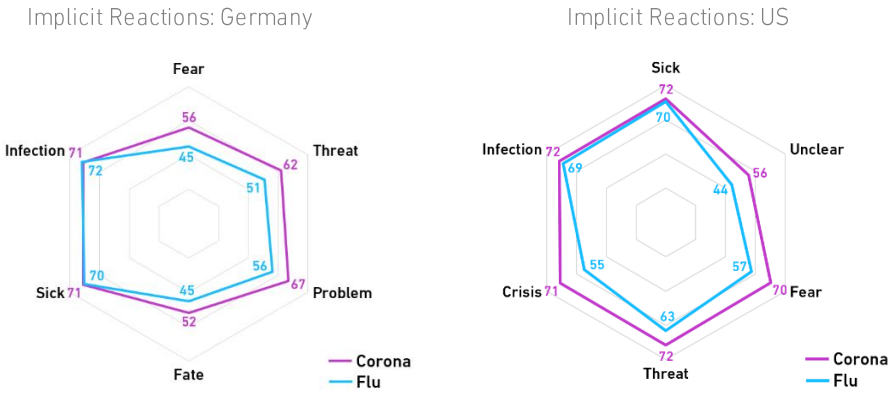


Fig. 10

On the other hand, while the levels of the purely physical associations (infection, sickness) are comparable, the more **psychological associations (fear, threat) with COVID-19 are considerably greater in the U.S. than in Germany.**

It is possible that Germans have reached the more passive Stage II (Regression - see our 4-stage model below) more quickly, as there is generally more trust in authorities. This is different in the U.S. where people rely less on the government or insurance because of history, tradition, self-image and geography.

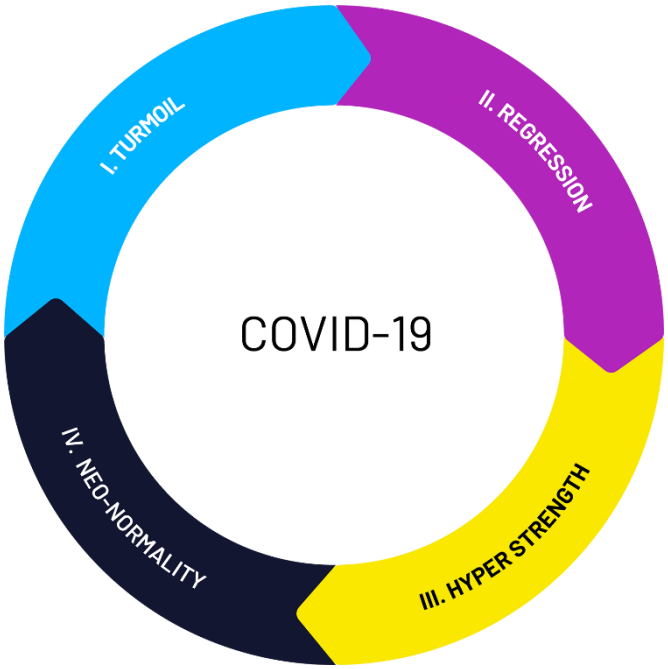
While they may remain longer in Stage I, these factors might facilitate a faster transit from Stage II to Stage III (HyperStrength).

The Wheel of COVID-19 - Human Crisis Experience

An eye square four-part crisis model

eye square proposes a four-part model to outline the inner psychological and greater societal response to the COVID-19 pandemic.

1. Turmoil/Panic (Phase I) – "I must do"
2. Regression/Comfort (Phase II) – "We can't do anything"
3. Hyper Strength (Phase III) – "I can do"
4. Neo-Normality (Phase IV) – "We are allowed to do"



1. Turmoil/Panic: I MUST DO

Caused by the introduction of a mortality-salient stimulus triggering fear and anxiety in a population that is suddenly faced with the inevitability of death (in their own family / reproduction). Phase I incites agitated behavior (as e.g. a bungee jump) and short-term survival responses, such as panic-buying of non-perishable food items and toilet paper. Cognitions are chaotic and could be paranoid. Perception is sharp, intense and nonlinear, pictures are dystopic, clinical and deadly. Words are objective, new and hard: "triage" for example. The attention window is small, as only latest developments related to the crisis are consumed. There is a rather paranoid reaction against state (collective). The inner archetype is the fighter, behavior is agitated.

2. Regression/Comfort: WE CAN'T DO ANYTHING

As the reality of the new circumstances sets in and panic reactions subside, new emotional responses, both positive and negative, emerge such as: relaxation (positive feelings, e.g. from no longer having to go into the office or the slower walk of life with all

commitments cancelled) or depression (connected e.g. to fear at the thought of job loss, having to stay home all of the time, downfall of the financial markets). In Phase II a more passive sense of fatalism, inevitability and delegation takes place. Perception is diffuse, arousal low, feelings of being small lead to a decrease of action. Cognition is chaotic and dreamlike. People start looking towards a "Great Other" for both solace and practical solutions. This "Great Other" varies from culture to culture; for many it is religion, for some, esp. in Western Europe it is the State. The attention window widens considerably as people have time on their hands and start consuming comforting media.

3. Hyper Strength: I CAN DO

Characterized by a focus on practical solutions to coping with, or managing, the tangible problems caused by the initial mortality-salient stimulus. This "heroic phase" is a highly emotional one; it is solution- and control-oriented with increased motivation and empathy. It is often driven by a sense of solidarity and calls to work together to overcome problems at hand. The emphasis on solidarity often leads to hyperidentification with one's own self, and can manifest in an enhanced "othering" - pitting an "in-group" against "outsiders". In Phase III borders are erected and fortified, both at the local and national level, and there is a turn towards intellectual resources such as books and online courses people begin to focus on betterment of both the individual self and the group of which one is a member. Perception is focused, cognition logical, behavior ordered. High energetic arousal is prevalent, with noticeable empathy, patience and strength.

4. Neo-Normality: WE ARE ALLOWED TO DO

After the immediate threat subsides, the population begins to return to a sense of (new) routine life characterized by spread attention and a state of low arousal as it copes with the new state of affairs.

These 4 stages of human crisis experience do not evolve in linear fashion and vary from culture to culture and individual to individual. However usually they move from I – IV. A sudden change in situation can "spin the wheel" again, however.

eye square is a leading global provider of human experience technologies

eye square offers a unique live & implicit market research approach to detect decisive signals in the "digital now". eye square specializes in brand and media experience, user experience and shopper experience.

Founded in 1999 eye square pioneered the use of eye tracking for user and market research. Besides eye tracking, we enrich the classic methods of market research by live "InContext research", reaction time measurement, emotion recognition, behavioral analysis and neurosemiotics using a groundbreaking 3 level-model. We develop unique market research technologies in-house.

Based on our experience, we have built up one of the largest databases of commercial eye-tracking and emotional measurement data worldwide. This allows us to benchmark how users experience new websites, mobile applications, products, advertisements and marketing material against established biomarkers. eye square's extensive client portfolio includes major companies such as Google, Facebook, eBay, P&G, Daimler, Unilever and more. Our teams based in Berlin, London, Hong Kong, Tokyo, and Kerala are dedicated to helping you understand your customers and succeed.

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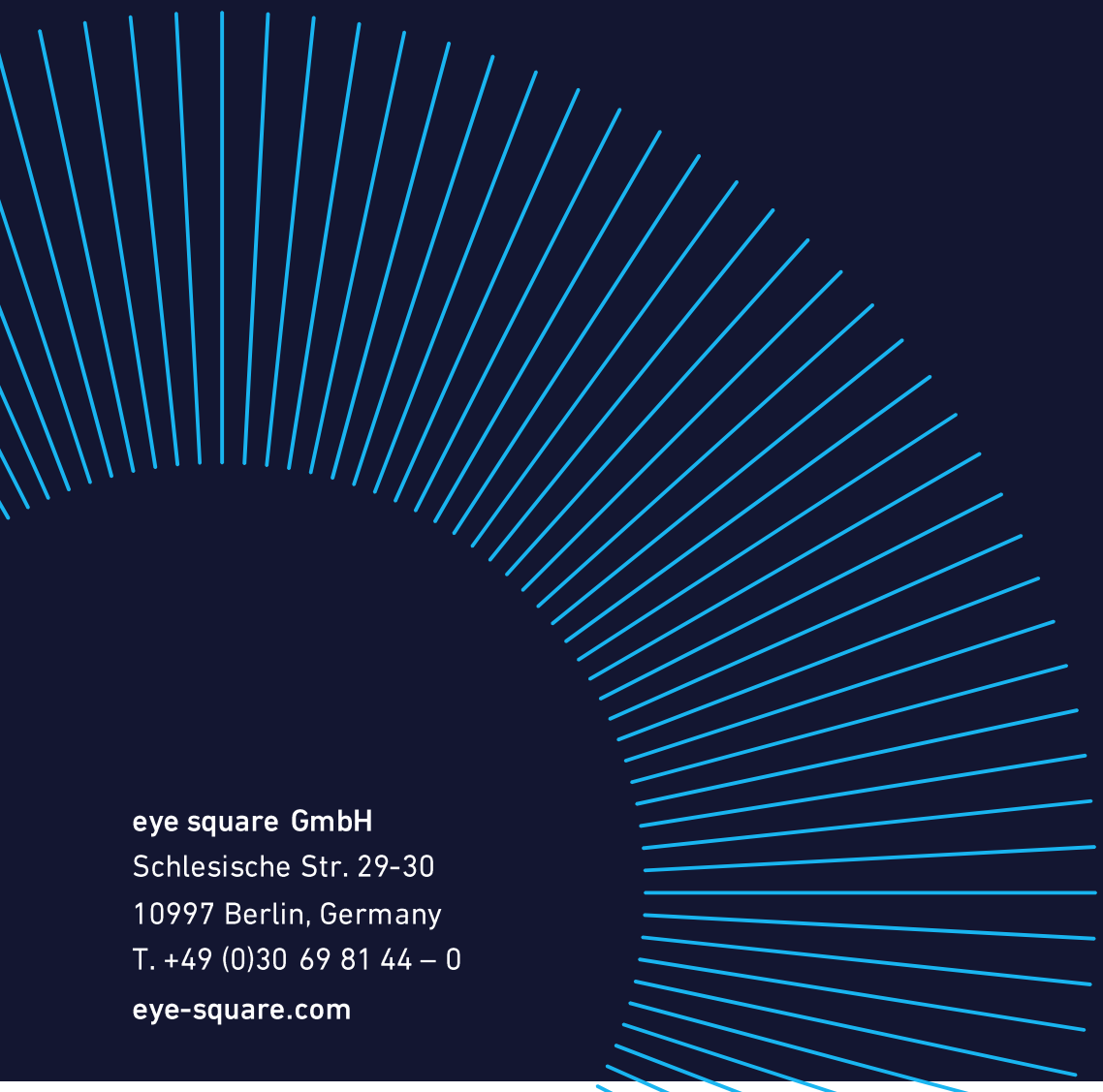

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