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On the causes and spread of xenophobia during the COVID-19 pandemic

Rohith Krishna

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Contents

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Abstract

The outbreak of the novel coronavirus and its succession into the COVID-19 *pandemic* has led to a global health and economic crisis. With most countries under complete lock-down, the pandemic has exposed our inadequacies in the healthcare sector. It has also heightened deplorable elements of human behaviour such as *xenophobia, racism, communalism, domestic abuse* and certainly *micro-aggressions.* There has been a surge in reports of hateful acts around the world. Social media is flooded with *misinformation* about the disease and misappropriation of the cause of the pandemic. The objective of this paper is to investigate the probable causes of this behaviour, particularly its roots in *epidemic psychology.* It is intuited that increased fear, stress, panic, health anxiety, loss of hope, inability to plan, decreased job and financial security, social withdrawal as a result of isolation combined with pre-existing biases, misinformation, social stigma, discrimination, undue victim-hood etc. have resulted in this behaviour. A survey and a subsequent interview are conducted to explore the impact of the above parameters on the cause of *xenophobia* within a young adult population in India. Further, understanding of its spread using models based on pre-existing literature would give insights into prevention and correction of this social disease.

1   Introduction

In February of 2020, the novel coronavirus epidemic that originated in China, had transformed itself into a worldwide pandemic. It had begun adversely affecting the health of millions of people across several countries proving to be fatal to thousands. At the time of writing of this paper, the pandemic had already infected about 1.2 million people worldwide and proved fatal to 65000 people. It also led to the stagnation of global economy and collapse of the financial markets. The unprecedented crisis threatened to overshoot the capacity of the existing healthcare system. Thus worldwide, measures were taken to curb the effects and to slowdown the spread of the pandemic so as to not exhaust the healthcare system's capabilities. Some measures include social-distancing, self-isolation, quarantine and complete national lockdown. This process still continues as of the date of writing this analysis report. The wildfire-like spread of this pandemic and the drastic measures of containment has taken a toll not just on the physical health of those infected, but also on the mental health of all. Several facets of psychological theory stands to test in this time of crisis. While there has been positive and constructive responses to fighting the virus, the world has also seen a lot of panic, fear and stress. This has resulted in the manifestation of *sociological deviance* or behaviours that are unacceptable

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[1]PGDM in Research and Business Analytics; `mailto:` pgdm19rohith@mse.ac.in

according to the norms of the society.[2] Along with the spread of the virus, one also found an increase in acts of xenophobia, racism, discrimination, domestic violence and communalism in different parts of the world.

The objective of this analysis report is to understand the factors that have caused the spread of xenophobia. In order to accomplish this we first study the prevalence of xenophobic and racist acts across the globe. Subsequently, we define the these terms, conduct a literature review on existing psychological theory about epidemics and propose a model for the cause of xenophobia in a population using the concepts of epidemic psychology, psychodynamic theory and socio-politics. Then the research methodology, carried out through survey and interview is elaborated, followed by results and discussion.

2 The COVID-19 pandemic

2.1 Origins of the disease

The pandemic originated in a wet market in Wuhan, China. The disease is called the coronavirus disease 19, i.e, COVID-19 and is caused by the novel severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). This virus spreads predominantly through droplets that are produced in humans while sneezing, coughing or even during talking. The virus infects the cells of the lungs and causes the hair-like cilia in lungs fall and the cells to perish. This causes the inflammation of tissues in the lungs and can further lead to pneumonia and other organ failure which might prove fatal for the infected individual.[3]

2.2 Spread of the disease

Although the disease is spread through droplets in air, it is however, not airborne are not spread over large distances through air medium. The virus when present on inanimate surfaces can be infectious for roughly about 9 days.[1] Also when the temperatures go higher than 30°C, the persistence of the virus in an infectious state is found to be shorter. It is also noteworthy that the virus is inactive for only a period of 4 hours on a copper surface [2], a metal used traditionally as cooking utensils by people native to India.[3] The WHO reports in [4] that lack of proper information and communication with the healthcare sector and improper screening has resulted in the worldwide spread of this disease into a pandemic. Initial reactions to the pandemic worldwide was the shut-down of educational institutions and cancelling of religious, cultural, entertainment and sports events. Further several countries instituted an international as well as domestic travel ban. India observed a nation-wide lockdown for 21 days, during which all sectors of the economy were shut down, barring the exception of essential goods and services. The financial markets collapsed while

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[2]While some deviance behaviours can be categorized as crime, the idea itself is more generic and includes any aspect of behaviour that does not conform with pre-existing societal norms.

[3]This is relevant because, incidentally, the reaction of people to this fact, has been that of pride and validation.

supermarkets saw people panic-buying and hoarding goods. The pandemic also exposed the inadequacies in the healthcare sector in terms of number of physicians, nurses, hospital beds, ventilators etc. Another consequence of the pandemic was a surge in xenophobia and racist acts worldwide.

3 Report of incidents

Right from the very beginning, when the news broke out about the spread of the novel coronavirus epidemic in China, the world also saw a surge in discriminatory acts. For our analysis here, we focus on the psychological perspective of these acts. In its more generalized form, xenophobia can be seen to supersede racism and communalism as its causes stem out of perceived aspects of differences amongst people. The perception factors which lead to xenophobia may be either tangible or intangible, whereas these differentiating factors are very tangible when it comes to racism and communalism. The reason for including domestic abuse in this discussion will be evident once we pursue the causes of these kinds of violence.

3.1 Racism.

Initial reports on racist acts as response to the outbreak came from the United States of America and was targeted at people of Chinese descent living in the US.[16] In the US, official reports confirmed about 650 acts of racism in a single week in February.[17]. These acts include using racial slurs against people of East-Asian descent and verbal abuse. Extremely chilling death threats such as, "*Go back to China, or I'll shoot you myself!*", were made, the news reports. [18] The news also reports other incidents which are of an aggressive nature. These include people being pushed and manhandled, spat at, and targeted and threatened with objects like bottles.

3.2 Micro-aggressions.

Casual forms of racism (called micro-aggressions), such as snarky comments, suspicious staring and even backhanded jokes made in poor taste, were also reported. Even comments such as "*I hope you're not spreading the virus*" made by a non-Chinese to a person of East-Asian descent when both people are equally not exposed to the virus count as micro-aggressions.

3.3 Politics.

The politics around the coronavirus epic is far from simple, with controversies erupting every single day. One of the early controversies started with President Trump referring to the virus as the Chinese virus [19], with the justification that it had origins in China and hence can be called so. [20] While several people have called it a rhetoric that triggers racist acts against Asian-Americans in the United States, while others including political observers have seen this as a political strategy of the US to counter China in control of the narrative of the incident.[21, 22]

3.4 Cases in India.

According to reports in [23, 24] there have been incidents of abuse against students from the North-East at educational institutions. These were reported during a time as early as the second week of February. Even at the time of writing this report, the North-Eastern states have significantly less cases of the epidemic when compared to other states. The incident involving a religious congregation of the Tablighi Jamaat in Delhi amidst the lockdown has led to the infection spreading more prominently. As of the date of writing, about 30% of all the coronavirus infected cases in India were traced to this incident. [25] This has sparked a huge controversy and has brought religion, communalism and sectarianism into the picture.

4 Literature review on xenophobia

The focus of this report is to determine the causes and to understand the spread of xenophobia. By cause, we refer to the psychological factors involved that result in a person behaviour. In this section we shall take up the study of xenophobia and understand theories in psychology that explain it.

4.1 Etymology

Etymologically speaking, the word xenophobia stems from the Greek words, *xenos* referring to stranger and *phobos* meaning fear and thus literally means fear of the stranger. While racism involves the social construct of the race or ethnicity, xenophobia dwells in the deep human psychology. The concept of racism makes use of tangible and identifiable markers of the human phenotype such as colour of the skin, shape, hair etc. Xenophobia however is more abstruse and ambiguous, for stranger could refer to even the person next-door or a foreigner from another country, (perhaps even strange exo-terrestrial creatures!)

4.2 Politics of xenophobia

From a political standpoint the idea of fear of the stranger is a natural one. It serves a method to demarcate the civic body or the state from what is outside and can be potentially threatening. The response to the stranger can be positive or negative - one of acceptance or that of rejection. While the positive response might be to welcome the foreigner as a guest who facilitates trade between states, the negative response considers the foreigner as an aggressor, a competitor in trade or even a menace within the state. The hostility towards foreigners stems from the fact that foreign powers have often been the cause of downfall of states - either as usurpers of power, or marauders that raid and plunder villages, or even vectors of disease that reeks havoc across the state.

4.3 Psychological roots

The psychological perspective involves the risk that is associated with communion with a stranger. Outsiders often come with significant uncertainty and pose several risks - uncleanliness in food habits, poor hygiene, contagions of epidemics, perceived risk of falling sick, threat to identity, existence and reproduction etc.

4.3.1 Evolutionary biology

Evolutionary biology asserts that the gene of xenophobia in humans is a result of certain adaptive mechanism of keeping a safe distance from strange things, objects or persons, that was present in our prehistoric ancestors.[6] Richard Dawkins in his book, *The Selfish Gene*, asserts that the existence of favouritism within members of a group and scepticism about members outside the group are a result of genes and hormones within the individual.

4.3.2 Psychodynamic theory

Psychological theories take into account of both individual as well as collective behaviour while modelling xenophobia. In philosophy and particularly in Edmund Husserl' phenomenology the idea of the *Other* as a distinct entity from the *Self*, is quite popular. Psychodynamic theory incorporates this notion of the Other and combines it with the risk associated with the unknown.

4.3.3 The theory of the Self and the Other

A major feature of the theory by Joffe in [13] is that it considers *anxiety* to be the key determinant in the onset of early xenophobic attitudes in an individual as well as in a society. Further according to this theory, the anxiety leads to an individual to perceive the Self as vulnerable when compared with the Other. In addition to this, the context of an epidemic might prove the individual to be vulnerable to illness upon exposed; the anxiety triggers individual to hide his vulnerability and blame it on the foreigner.
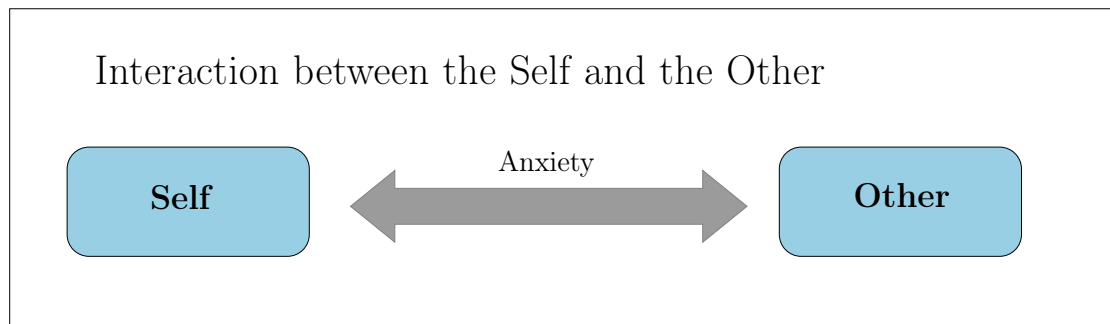

Figure 1: Diagrammatic representation of Joffe's Psychodynamic theory

In other psychological models, however, anxiety of the Self with respect to the risk of the Other alone is not cause of innate and subtle xenophobia. Anxiety is one among the prime reason, but not the only reason. In our model here, we propose some of these other reasons and inspect them closely.

4.3.4 Scheffer's socio-political theory

From Scheffer's point of view in [9] when a community or society comes into contact with a foreign body, the ensued interaction can be characterised in three steps. The first step is avoidance - anxiety and uncertainty associated with the risk of contact with a foreigner drives the society or to its first response - avoidance. The second response is that of conflict - when the foreigner/stranger proves to be threatening.

Note. This need not be a realistic threat and might as well be only a perceived threat. The final stage is acceptance and accommodation; it is this step that leads to diversity.

Response of a society in first contact with a foreign body:
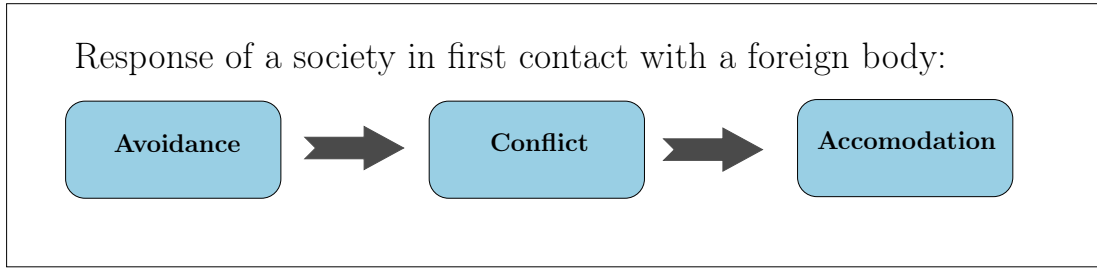
Avoidance → Conflict → Accomodation

Figure 2: Diagrammatic representation of Scheffer's theory

Other theories include the *Realistic Conflict theory* by Sherif [10] and the *Relative Deprivation theory* by Walter and Pettigrew, [12] which propose further interesting models that work on the conflict and cooperation between the group and the foreign body.

5 The theory

Based on the study of existing literature and observations we postulate here that there are three factors acting concurrently which cause the onset of xenophobia in a community during the time of a pandemic. These factors can be either external or internal to the self/community. The internal factors stem from the fear of the unknown or are subconscious/pre-existing prejudices. From a Freudian point of view, these prejudices built on early experiences that may have been acquired or learned from primary caregivers. The other factor is fear which stem from past experiences of trauma, or from unknown, or from those arising due to inherent human irrationality.

5.1 Fear

Fear is the primary cause of xenophobia. It replaces anxiety's role in various psycho-socio models. The reason is not solely polemical. We find that both anxiety and fear are in a vicious circle with one feeding on the other. They are often cyclical and also serve as cause and effect for each other. Fear instils panic and shock in an individual. Contributing factors are stress, health anxiety, loss of hope and inability to plan. Fear of suffering and death and the insecurity in job and financial prospects are added factors.

5.2 Crisis factors

Along with a crisis such a pandemic comes certain factors like misinformation, uncertainty, rumours and conspiracies etc. These can lead to aggravated results during a quarantine or lockdown when an individual is under isolation. Political situation of the state is also a factor in its own accord.

5.3 Prejudice

The pre-existing condition and levels of bias, stigma associated with foreigners, their diet, health and hygiene serve as primer factors. Undue victim-hood in other unrelated issues and a sense of superiority - be it due to race or due to gender can aggravate the cause. The model can be summarized in the following diagram.
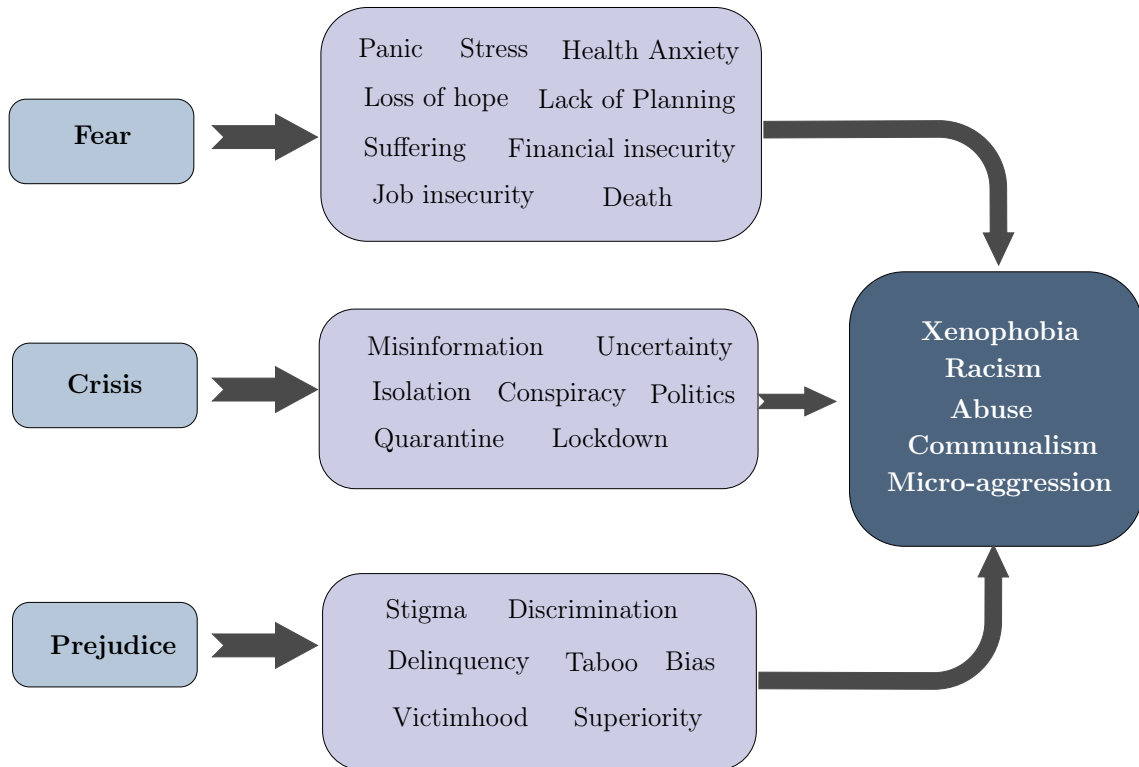

Figure 3: Diagram representing the possible causes for xenophobia

6   Reseach Methodology

As part of the research on the causes that instigate xenophobia, a primary survey and a secondary interview were conducted. The survey was conducted on a population of 80 young adults that fall under the age group 18 - 27. The reason for this is to acquire perceptions of a particular generation of the society alone. The difference in perceptions by different generations is now wider than ever; this is often characterized by the term *generation gap*. Therefore, in order obtain meaningful and coherent results the above age group was chosen. The ease of contact and ease to conduct the survey on a young adult population makes the choice wiser.

6.1   Survey

The questions of the survey that are enlisted below can be categorized broadly into four main categories: These are

1. Personality type determination according to the Big-5 typography
2. Perceptions of the self during the pandemic.
3. Perceptions of the external environment during the pandemic.
4. Perception of a central authority or government.

The various questions of the survey are enumerated below. The number of questions asked in the survey was 35. It is categorized here according to the aforementioned classes. However, in the real survey, the question were in fact shuffled. Each individual had to answer the survey on a 5-point *Likert scale* ranging from strongly disagree to strongly agree.

> ### Personality type determination according to the Big-5 typography.
>
> - I tend to wash my hands after I shake someone's hand. *item(6)*
> - I am organised, goal oriented and thorough in my work; I often go the extra mile in making things perfect. *item(9)*
> - I am constantly looking for ways in which I can make myself available for the cause of others. *item(14)*
> - I'm extremely sociable. Being stuck at home and not being able to hangout with my friends is a nightmare! *item(18)*
> - I am creative and often have a very vivid imagination. *item(23)*

These questions were asked to collect intuition about the nature of the person taking up the survey. The personality type can be roughly determined in this manner. The next set of questions are about the perception of the self during the pandemic. This gives an idea about key determinants of crisis responses.

Perceptions of the self during the pandemic.

- I have a strong immune system and tend not to catch a cold or flu even if it is "going around". *item(1)*
- It took me a long time to wake up to the reality of thi pandemic. *item(2)*
- I am very productive during this unprecedented break and am able to get a lot accomplished. *item(4)*
- As a person of science, I believe in finding a cure through medical research and prevention through vaccination and condone all pseudo-scientific remedies that go around. *item(5)*
- It makes me furious to know that people attend congregations even amidst a lockdown. *item(7)*
- I am worried that the impending recession will severely affect my job prospects. The thought of not being able to land a job gives me sleepless nights. *item(11)*
- I would experience mild discomfort being in proximity to a close friend who has just recovered from covid-19. *item(12)*
- When the news reports about the novel coronavirus came in during February, I was mostly skeptical that it would ever reach me or my family. *item(15)*
- A resident in my apartment complex returned from Singapore a week before the lockdown and is now under self-quarantine. I would exercise caution when passing through their premises. *item(17)*
- Although the authorities ask me not to panic and hoard groceries and other essentials, I worry that if I don't stock up now, I'll be left with nothing and rendered helpless. *item(24)*
- While I generally am averse to conspiracy theories, this time around, I am tempted to think that some of it might actually be true. *item(28)*
- If we survive this pandemic today, and in 2027, there's another outbreak, it wouldn't perturb me as much as the current pandemic disturbs me now. *item(29)*
- I am willing to sacrifice my freedom for the security of the country and its people. *item(31)*
- My initial reaction to the lockdown was not of panic; rather I realistically assessed my risk, took precautionary measures and moved on with my work like a rational human being. *item(32)*
- I completely understand the difference between taboo and quarantine. Staying away from potentially exposed people/communities whom I suspect to be carriers: is a precaution and not a taboo! *item(33)*
- I have complete faith in my skills and employability. No recession can beat my self-confidence. I'll survive this. *item(34)*
- During the initial days, as the news broke out about the epidemic, my mind oscillated between: "This could be a serious threat!" and "No! This is trivial!" *item(35)*

A large part of the response also comes from factors external to the crisis. These changes are captured by the following questions about external factors.

> ### Perceptions of the external environment during the pandemic.
>
> - Eating habits are exclusively a personal choice. Social sensitivities have no role in determining one's diet. *item(10)*
> - People who consume pork cannot be blamed for the spread of H1N1 swine flu, just like those who drink water cannot be blamed for the spread of cholera. They are in fact the victims here. *item(13)*
> - "Bats are nothing! These people even eat snakes and dogs and roaches! If we stick to our traditional norms and foods, we have nothing to worry about". I find nothing wrong about this statement. *item(19)*
> - People who have been exposed to the disease (say through foreign travel) and still do not self-quarantine themselves are no less than criminals. They ought to be punished by law. *item(20)*
> - People who say that we are at war and act as if this is the end of the world are grossly over-reacting. *item(25)*
> - I am not racist, but there are people of certain communities that do not understand the seriousness of the current situation, perhaps due to the lack of education. *item(26)*

In a time of crisis, authority goes for a toss. It becomes a war of everyone against everyone. In order to determine if this is the case, the following questions are pertinent.

> ### Perception of a central authority or government.
>
> - I hold the Chinese government responsible for this global catastrophe. *item(3)*
> - I have complete confidence in my government and the health care system in ensuring my safety as well as that of my family. *item(8)*
> - This pandemic is a ploy by the Chinese Politburo for global economic dominance. All this is orchestrated by the Chinese. *item(16)*
> - Several people, including President Trump have called it the Chinese virus because of its origins in China. I find this wrong. *item(21)*
> - I hold my government responsible for this disaster reaching our shores. Pre-emptive action should have been taken like in Singapore. *item(22)*
> - Politicians are cynics and journalists embody the Shakespearean mob - all they care is about their vote-bank and TRPs respectively. *item(27)*
> - The system is not screwed up because of the virus outbreak. It always was screwed up. *item(30)*

6.2 Interview

Further, an interview was conducted on a select peer group of 10 people. They were asked to comment and express their extensive viewpoints on the subjects dealt with in the question. The following 8 such not-so-simple yet pressing questions were asked.

> ### Perceptions of the external environment during the pandemic.
>
> 1. Are you socially aware? Would you consider yourself progressive? On what fronts?
>
> 2. Racism, xenophobia and other micro-aggressions have surged in the past month. India adds communalism to the list. What do you think is the cause of this social disease? What has pushed people to act out?
>
> 3. Research says that people tend to act out in hatred owing to fear. Fear arises either due to suspicion (of a potential threat), misinformation (about the disease) or primal irrationality in humans. Have you observed incidents that ascertains these as causes for hatred?
>
> 4. There is a fine line between quarantine and taboo. Quarantining involves isolation and physical separation of individuals who are prone to disease. Taboo on the other hand involves segregation and stigmatisation of individuals of a particular race/community/exposure-level and viewing them as a potential threat. Do you think people (or the society or the government) are using quarantine as a means of pushing their taboo/biases?
>
> 5. Thousands are dying and millions are sick. There has been a peak in stress, health anxiety and a drop in job and financial security. Do you think these are justifiable reasons to be furious at people who do not understand the seriousness of the pandemic and cause its spread? Is there an extent to this fury?
>
> 6. Chinese and East-Asian students are bullied in American schools. They are called 'disgusting' as they 'eat all sorts of animals'. What role do you believe that the choice of food has, in this debacle?
>
> 7. In India, the National Commission for Women has reported a surge of about 58 complaints of domestic abuse (through email alone) in the period between March 23 and March 30. In France, a government initiative has asked women to use the code-word *mask-19* at the pharmacy to seek help in domestic violence, and this has had several takers. Are these instances mere examples of human primality? Or does gender violence go much deeper, (and the depths are manifested during a crisis)?
>
> 8. Do you believe that everything is/will be under control? Does authority still exist, or is this a war of all against all? Have we reached a post-authority age where democracy has failed, governments distrusted and rendered ineffective? Or do you perceive these as inadequacies that would be corrected in due course?

7 Results and Discussion

The results of the survey and interview are first discussed on a question-by-question basis.

7.1 Personality types

These questions are determinants of the Big-5 personality type. These personality types have the following predominant traits - *neurotism, conscientiousness, agreeableness, extroversion and openness.* An overwhelming majority of 80% people showed some signs of neurotism. About 63% admitted to being conscientious at their job by going the extra mile. Of the population 56% exhibited the trait of agreeableness. The population was admittedly divided in terms of openness with about half showing signs of openness and the other half being neutral. Surprisingly, when it came to extroversion, a clear normal distribution was observed, with as many introverts present as there are extroverts.

7.2 Perception of the self

When it came to questions about the perception of the self, it turned out that for a good number of people chose answer in the neutral. This is suggestive of the anxiety in the population. Although the tests were conducted anonymously, the idea of confronting oneself with some of these questions might be intimidating. It is only natural that when given the option of being neutral, people do not take a stance. However, there might be cases where people are genuinely torn between the conflicting options. In such a scenario, the benefit of doubt ought to be given to the individuals surveyed.

- *I have a strong immune system and tend not to catch a cold or flu even if it is "going around". item(1)* A normal distribution was observed. People on an average tend to have all sorts of health assessments about themselves - from the best to worst.

- *It took me a long time to wake up to the reality of this pandemic. item(2)* Here too, a normal distribution was observed, suggesting that while some people immediately woke up to the pandemic, others took time to understand the reality of the situation. Upon closer inspection, people who answered that they took a longer time were also ones who deemed to be more rational.

- *I am very productive during this unprecedented break and am able to get a lot accomplished. item(4)* Again, a normal distribution was observed here with most refusing to answer about their productivity.

- *As a person of science, I believe in finding a cure through medical research and prevention through vaccination and condone all pseudo- scientific remedies that go around. item(5)* About 65% of the population admitted to being rational and trusting the scientific method in finding a cure.

- *It makes me furious to know that people attend congregations even amidst a lockdown. item(7)* Close to 90% of the population admitted that they were furious about congregations being conducted during the lockdown.

- *I am worried that the impending recession will severely affect my job prospects. The thought of not being able to land a job gives me sleepless nights. item(11)* Being economically aware young adults, 53% admitted to being worried about unemployment and 29% being neutral. This shows that job insecurity is much prevalent.

- *I would experience mild discomfort being in proximity to a close friend who has just recovered from covid-19. item(12)* About 60% of the population, majority of whom have shown high figures on neurotism admitted to mild discomfort in being close to a potential carrier, even in the form of a friend.

- *When the news reports about the novel coronavirus came in during February, I was mostly skeptical that it would ever reach me or my family. item(15)* 65% did not assume that this would become a pandemic. This only furthers the impact of the shock.

7.3 Perception of the external

The figures show that close to half of the people believe that choice of food is personal and individual and third are indifferent about this. In the questions that followed about diet viz., *item(10) and item(13)* the above inference was reinforced. Taboo and stigma associated with choice of food was not prevalent. However the jury was divided when it came to bats *item(10)* as a choice of food. The majority held lack of proper education about the disease and miscommunication as major causes for people to violate the norms of the lockdown.

7.4 Perception of authority

When it came to the the perception of authority and the role of governments, the study shows that most people believe that our systems, including that of healthcare are inadequate. This was however not perceived as reason to distrust the entire idea of the existence of authority.

7.5 Further inferences from the interview

- The interviewees considered themselves to be socially progressive in terms of education, politics, morality, adaptability etc. To quote a subject:

  Being open to other people's thoughts and updating one's self regularly is what is being progressive is all about. One must refrain from rigidity and try to be as flexible as possible.

- When it came to the cause of the prejudices in humans and identity, one subject had the following to say:

At the end of the day, people are people. We are all born the same, biological machines with consciousness. We do not recognize ourselves with any identity when we are born. It is as we grow, that we imprint on the social setting we live in, and develop a complex identity for ourselves. We try to fit others in narrow prejudiced boxes that help us identify ourselves.

8 Conclusive Remarks and Suggestions

The conclusions to this paper based on the empirical study, can be made on two counts - (1) The psychological model of pandemics that causes xenophobia and (2) The role of authority in this matter. These are summarized in the sections below.

8.1 Psychological insights

The evidence in this study makes it possible for us to pin-point the primal cause of xenophobia in an individual - fear. We saw that fear has a particular feedback mechanism and often tends to feed on itself. The dimensions in which the pandemic affects a society are understood to be threefold: *fear, moralization and control strategy.* From the survey and interview, we found that it was fear of the unknown that drove many people to their state of anxiety. This fear has the following characteristics:

- Fear due to suspicion. It is the fear that one might catch the disease when one suspects that another individual possesses the disease.
- Fear due to misinformation. During the interview, the subjects reported that being staunch believers in the scientific method, the lack of academic knowledge of the disease owing to its novel nature was cause of much worry.
- Fear that is purely irrational.

It is this fear that has led to several people in the society stigmatizing the individuals that are perceived to be foreigners in the group. People also understand the difference between taboo and quarantine. While quarantine is performed for the sake of safety, the imposition of existing prejudices on fear leads people to classifying people/practices as taboo.

8.2 Role of Authority

One of the pioneers in epidemic psychology, Strong in [14] suggests that, the human kind has a dual nature. At a superficial level, rationality dominates, but dwelling deeper shows that there exists a mass of dark and unpleasant emotions that dominate. In times of order, the good forces ensures rationality and keeps everything in check - logic, social customs, strategies - all pan out in a much civil manner.

The onset of pandemic creates a stage for chaos. The entire world becomes delicate, flimsy and brittle, yet it is now that a strong whirlpool of emotions come to play.

This brings us to the theory of the *State of Nature* as postulated by the political philosopher Hobbes in his book, the *Leviathan.* He said that, "life in the state of nature can characterized by three short words - brutish, nasty and short." Hobbes gives reason as to why an individual must abide by an authority, even an ineffective one. Governments and other forces of central authority came into being for people valued security even if it came at the cost of some of their freedom. In the interview and survey conducted, it was shown beyond that people viewed the crisis as an inadequacy of the system and chose not to blame the existence of such a system itself.

8.3 Suggestions

It is rarely that one comes across a time of crisis in the world, for order is the norm and not chaos. In these difficult times the way we respond characterizes us. Whether one chooses to believe in Hobbes' State of Nature or not, one can still assert that there could two polar ways of dealing with the problem. One would be to take threats such as these in a rational and coordinated fashion, keeping focus on the problem at hand and the resources available to solve it. The other response, which is far more deadlier and contagious than the original epidemic itself is one that is a result of unmitigated fear acting on existing biases. These create waves of panic, and disrupts everyday live. It leads to distrust within the society and undermines faith in an authority. These negative undercurrents feed on themselves into a vicious cycle of collapse. I am however under the happy disposition to state the result of the empirical study that suggests otherwise. There is still hope left.

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