

Contagion, xenophobia and leadership can trigger a misguided search for a scapegoat

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Credit: Oula Lehtinen/Wikipedia

The ongoing COVID-19 outbreak has been a sort of Rorschach test. In addition to revealing deep strengths and ingenuity in the American community, it also has exposed some of America's deepest fears, xenophobic tendencies, and dysfunctions of leadership.

Those are among the conclusions of Hayagreeva "Huggy" Rao, the

Atholl McBean Professor of Organizational Behavior and Human Resources at Stanford Graduate School of Business. Rao coauthored two studies in recent years that form the basis of his strong conclusions.

[In one study](#), published in 2018, he studied the predictable rise of contamination rumors and ethnic violence that often follow an outbreak of an infectious disease. Rao says he and coauthor Sunasir Dutta of the University of Minnesota found that "exposure to discourse about [contagious disease](#) activates xenophobic tendencies in people. When you're exposed to this discourse, you're much more likely to believe rumors."

Rao's [more recent study](#), done with colleagues Chelsea Galoni of the University of Iowa and Gregory Carpenter of Northwestern, looked at the underlying emotions triggered by contagious diseases.

"The [conventional wisdom](#) is that, if there is contamination, our response is one of disgust," Rao says. "But Chelsea, Greg, and I felt this was a somewhat incomplete account."

They concluded that perceived contamination actually triggers two emotions: disgust and fear. "There's a big difference between fear and disgust," he says. "With disgust, you know the cause is certain and that's why you shrink away. But with fear, the outcome is uncertain. That's why you're afraid. You don't quite know what's going to happen."

What does all of this show? "It lends credence to the idea that when you have a contagious disease, you become xenophobic and you perceive everyone else as a threat."

Is COVID-19 exacerbating cultural biases in ways you didn't expect, or is it playing out as your studies

predicted?

If we know contagious disease can lead to xenophobia and loss of trust in strangers, what we need most is leadership. It's essential.

What kind of leadership?

First, we expect them to anticipate the unexpected. That doesn't mean they need to divine all of this by themselves, but we presume they have good people working for them and they listen to those people. However, leaders systematically underestimate the coordination difficulties going in. Some studies show that if you're in a leadership position, you're likely to underestimate coordination difficulties by at least 50%.

Second?

Leaders need to bear in mind that citizens are in a room called Fear, and they want to be taken to a room called Safe. Creating psychological safety is very important for leaders when you have contagious diseases. People expect to be assured that the community is committed to solving the problem. Even though the government may not be able to assure their continued existence, people need to be assured that everyone is doing their best.

So how is the U.S. leadership doing in that regard?

It's difficult for people to feel a sense of safety when they get conflicting messages, and when they see leaders display a blaming or scapegoating mentality. It's sort of weird that in the American narrative, exigencies, emergencies, and crises are frequently likened to war. Everything is a war. The war on drugs. The war on COVID. I'm a "wartime leader." Whatever. But if you really look at wartime leaders, they behave in a

striking manner.

Striking in what way?

I think the best military leader America ever had was Matthew Ridgway. Ridgway was a brigadier general during World War II. He replaced Douglas MacArthur on the Korean operation. He'd never fought in Asia, never led a land battle. He had no idea about Korea. As soon as he took charge, he spent the first couple of days flying around Korea. He took the navigator's seat. They flew all over, noting rivers, lakes, mountains. Once he understood the geography and topography of Korea, he met regimental commanders and would ask them a series of questions to assess their leadership readiness. Often, his first questions had to do with geography. Where's the nearest river? How deep is it? If the commander wasn't able to answer, he was fired instantly because he was going to endanger their troops. That is wartime leadership.

Do you feel public officials typically help or hinder in terms of community cooperation?

Most of them want to do the right thing, including mayors and other community leaders. This morning I was reading about the school superintendent in the poorest county in Mississippi who is using his buses to deliver food to children who otherwise might starve. And he's doing it at some risk to himself. I find that extraordinary. That's leadership.

One key takeaway from one of your earlier studies was that the fear of contagion makes people irrational, as happened in the AIDS epidemic in San Francisco in the 1980s, when conservative groups

focused on the morality of homosexuality rather than on managing the risks to public health. What's the most effective way to combat that sort of irrationality during a public health crisis?

The place to begin is to understand we're involved in a team sport. What's our job now? To help all of the people in the hospitals. How? By staying at home so we don't infect more people. In a team sport, everybody needs to commit.

What is it about the fear of contagion that makes otherwise rational people buy into unfounded rumors about those they consider to be outsiders?

One thing is that your own mortality becomes very salient. And then you add to that a fear of the unknown. You know you could die, but with no idea when or how. So there's all this uncertainty, and uncertainty is paralyzing. A good way to tame your fear—especially if leaders make it available—is to blame some other group for the origin of this. You have the Black Plague in the Middle Ages, and who got blamed? Jews got blamed. Take different contagious disease outbreaks, and usually a different group gets blamed every time. You can see this now in America.

How so?

We've had incidents of Chinese-Americans, Japanese-Americans, Korean-Americans who've been threatened, castigated, or criticized because the virus came out of Asia. That's the danger always with these contagious diseases. To put it simply, when we look at disasters, we often think the disaster is the problem. But what we need to understand

is that disasters become catastrophes only when a society's cultural protections wither away or collapse. Our norms of civility, our norms of solidarity, begin to crumble when fear is coupled with disgust.

Is what's happening now just a continuation of the kind of xenophobia we've seen during past pandemics? Or is this something altogether different?

Xenophobia tendencies are always latent. They need opportunities to bubble up. You can think of COVID as one ramp by which this bubbling up happens. There are many, but that's one of them. It's not that COVID creates something out of nothing. The virus accentuates what's already there, lurking in the background, dormant. What COVID does is intensify it.

You sound pretty discouraged by what you've seen so far. But are there signs that give you hope?

I love what our students are doing, despite the fact that they're all afraid and thinking, "Am I gonna get a job? Am I gonna get an internship?" They're doing amazing things on campus, all on their own initiative. That gives me confidence. There are always tributaries of goodwill, solidarity, bringing out the best in people. My sincere hope is that this has been an education to the American people as to what government can and should do, and what venality can and cannot do.

In 2018 you concluded that a community's resilience hinges on two critical factors: How the disaster is framed by the community and its leaders, and how cooperative the community is in dealing with challenges. How prepared do you think the U.S. was for the coronavirus outbreak in terms of community cooperation?

We often think of preparedness as capability, but if you ask psychologists, they tell you preparedness is also motivation. It's a state of adaptive readiness. The short answer is that parts of the government, universities, public health people, and schools of medicine were certainly aware, and they were all highly concerned. The U.S. has some of the best contagious disease experts in the world. They're like Navy SEALs who specialize in vector-borne diseases. And yet we were not able to take advantage of their help. There was no understanding of all of this so it could translate into some sort of legislative strategy or set of executive priorities. It's been a confederacy-of-dunces kind of planning.

You've described charities and nonprofit organizations as critical factors in a society's resilience during a crisis such as this, because they help absorb the shock.

They are vital shock absorbers in any community. Take them away and you'll be in trouble. To my mind, this is another omission. I see all these budgets and outlays for businesses, and of course that's a useful thing to have, but what about nonprofits? Who's going to help them? They're the ones running the soup kitchens and doing the feeding and distribution. Without those shock absorbers, it's going to be very tragic.

You cite the work of public policy professor Robert Putnam of Harvard University, who compares social cooperation to the lubricant WD-40, which reduces friction. How do you rate our social cooperation during the coronavirus pandemic?

We need a lot more WD-40, sadly. In the end, be compassionate, be kind, and be generous. Period.

More information: Chelsea Galoni, et al. (2017), Pathogen Fear and the Familiar, in NA - Advances in Consumer Research Volume 45, www.acrwebsite.org/volumes/1023625

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