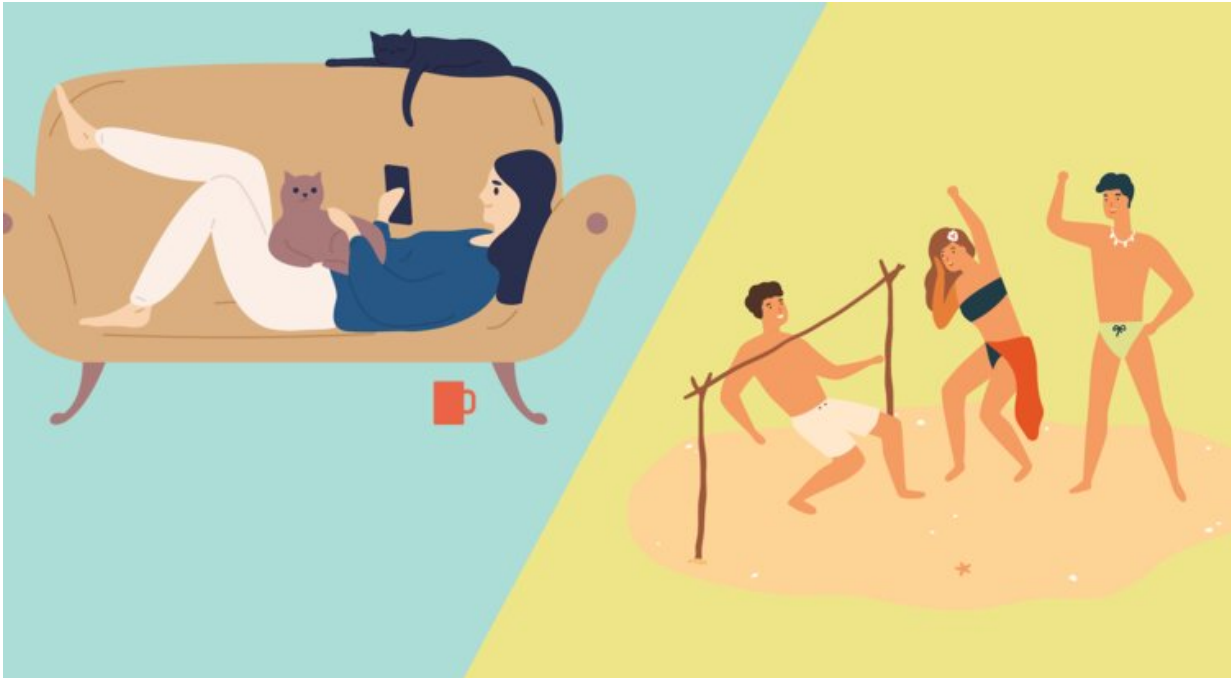


As COVID-19 disrupts lives, words matter

March 27 2020, by Kristina Makansi



Phrases made common amid the COVID-19 pandemic – such as "self-quarantine," "self-isolation" and "shelter-in-place" – have disparate interpretations. Some hear them and feel the need to hide out at home, while others think it's time to throw a party. Credit: Eddie Canto/Research, Innovation & Impact

Politicians, government officials, journalists and others are all writing and talking about COVID-19, but they're not all using the same language to describe the same things. Disparate interpretations of words and phrases such as "self-quarantine," "self-isolation" and "shelter in place"

have led some to cite confusion as a recipe for panic—or, in some cases, a reason to party.

According to Vicky Lai, an assistant professor in the University of Arizona's Department of Psychology in the College of Science, the vast differences in responses to recommended restrictions during the COVID-19 outbreak perfectly illustrate how words and phrases often have different meanings for different people.

Using behavioral, electrophysiological and imaging methods, Lai and researchers in her Cognitive Neuroscience of Language Laboratory study the cognitive processes and neural basis of meaning and language in context. Research in her lab that touches directly on the COVID-19 pandemic looks at how language influences perception and other behaviors, how people process non-literal language, and how language affects emotion.

Lai and members of her team answered our questions about how words matter, especially in times of crisis.

Q: What is it that makes one person hear "shelter in place" and decide to go to the beach and another hear it and decide to go to Costco to buy all the toilet paper?

A: From an evolutionary point of view, the human species has a negativity bias that facilitates survival. To protect ourselves, we process danger-related inputs faster and remember them longer. But some people think in very straightforward, concrete terms while others associate the same words with abstract, invisible meanings. The latter may act irrationally because there is no visual confirmation to corroborate their thoughts. For them, the threat may be everywhere—or it may be

nowhere.

We must take into consideration what mental pictures we see and associate with words commonly linked to danger or that have been widely used in the past, because age and generational experiences impact the context in which words are processed. For instance, "shelter in place" may trigger thoughts of active shooters for some, while in others, the words conjure images of wars and natural disasters, such as hurricanes and floods. A term like "quarantine" may trigger a fear response as many associate it with medical disasters, personnel dressed in full-body protection and complete isolation.

Using precise, science-based, emotionally neutral words to minimize panic is essential.

Q: Are there particular ways psychologists can identify what might be triggering words and what their social impact might be?

A: Triggering words are essentially highly emotional words, and, yes, scientists have ways to identify and study their impact. In our lab, we use well-controlled surveys to quantify how emotional a word or phrase is perceived to be, and then we use imaging to see that emotionality play out neurologically in real time.

As one example from the current crisis, take the word "essential." Imagine a person who is a secretary at a car dealership who argues they must go to work because their job is "essential." "What if an ambulance or firetruck breaks down?" they argue. Even though they have no mechanical skills, they assert their position is essential to facilitating the repair of the emergency vehicle. Being told to stay home because they are non-essential is an emotional blow.

Q: How do certain terms and phrases, like "social distancing," "self-quarantine" and "flatten the curve," become part of the zeitgeist so quickly and so fully?

A: One reason is social media. Hashtags, 24/7 news and global communications have facilitated the popularity and use of such terms. Even though the U.S. only recently began mandating shutdowns, Taiwan started taking concrete actions back on Jan. 1, and Italy started on Jan. 30. We've had time to become familiar with and assimilate the terms.

Another reason is that the terms bind us together and give us a common vocabulary to help us communicate about our feelings, fears, new experiences and behaviors.

Q: Are you concerned that there will be a mental health or emotional cost to weeks or months of minimal face-to-face, in-person communication? If so, what might those repercussions look like?

A: As humans, we are social organisms, and social isolation correlates with multiple adverse conditions, from depression and suicidal ideation to physical illness. Social media helps us connect, but it doesn't make up for face-to-face interactions or the need to receive physical contact. It would be good to engage in mindful communication. Just like in-person communication, the quality of our interactions is impacted by how present we are engaged in the conversation at hand.

Thinking of (Harry) Harlow's studies with primates and how maternal contact was considered a necessity for survival, we suspect there might be real repercussions, such as higher rates of depression or anxiety. The

people most at risk for emotional distancing are [older adults](#) and people who do not have access to communications technology or who don't know how to use social media apps. It is important to find communications mechanisms to keep older adults that may be self-isolating integrated into society and offer them ways to stay connected with others.

Q: Why does the naming of the virus matter so much?

A: It is important to use scientifically accurate words. The World Health Organization has guidelines on naming newly discovered diseases designed to reflect the science behind the disease and to eliminate negative associations with particular places or people. The biggest issue we face in having our government label COVID-19 as the "Chinese virus" is the potential rise of xenophobia and racism and the association of China and Chinese people with things that are bad and make us sick. It has already been reported in California that Asian Americans have been experiencing more hate crimes due to the fear of others in regard to the virus in recent weeks.

We have a responsibility, on a governmental and scientific community level and also on a personal level, to advocate that no specific groups get blamed for the spread of this virus. The best way for us to refer to the virus, then, is by its scientific name, COVID-19. Using correct language matters.

Q: What advice would you give to government officials who are making COVID-19-related announcements to the public?

A: Rely on the experts in the scientific and medical communities. Remember that words matter and be clear and consistent in the

messaging. For example, instead of "[social distancing](#)," say "physical distancing" to convey the requirement to stay 6 feet apart from another person and to convey the fact that people can still socialize with others through phone and internet chats. In addition, public health officials and global leaders should coordinate the message, so they speak with one voice and do not exacerbate fear and confusion. They should respect the gravity of the situation, but they can also tell stories that reflect the ways people are helping each other. Stories like these can provide hope in a fearful time.

Q: How can people who are interfacing with the media and the public right now ensure they're minimizing confusion when using terminology that may be brand new to many people?

A: The bottom line is to rely on credible scientific sources and to remember that words matter. It is hard because it is a natural feature of language that it can change rapidly to adapt to the needs of a community. Change can occur by creating new words, "recycling" old terms, or offering many words at the same time. It will take time to negotiate and agree upon new terms acceptable to a majority of the population. And even then, there won't be universal agreement.

Provided by University of Arizona

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