

The next COVID wave is here. Why for some of us it's OMG and for others it's meh

April 8 2022, by Sophie H Li and Aliza Werner-Seidler



Credit: AI-generated image ([disclaimer](#))

Depending on where you live, you may have been warned to brace for the next COVID wave, driven by the new Omicron subvariant, more of us being out and about, and fewer people wearing masks.

Alternatively, you may be living somewhere already approaching the

peak of the wave.

You may have noticed a range of responses. For some people, the prospect of another COVID wave prompts a "meh" and shoulder shrug. For others, it's an anxious "OMG!".

Why do people's responses differ?

Two main reasons why

Two [psychological factors](#) influence how people respond to the same situation differently:

how likely you think there'll be a bad outcome If you think there's a high chance you'll contract COVID, you'll likely be [more frightened](#) and actively avoid situations where you think you might catch it

how bad you think the bad outcome will be If you expect huge "costs" from becoming infected—such as becoming so sick you'll end up in hospital—this can also affect your response. The [greater the anticipated cost](#), the greater the fear and avoidance.

In other words, even though we may face the same situation, people will differ in how they expect things to pan out. In turn, this affects how fearful they are and how they behave.

From OMG to meh (or the other way around)

More than two years into the pandemic the world is a very different place. We now know more about the virus and its effects. A larger proportion of the community has been infected and recovered. We have [high vaccination rates](#), protecting us from [severe illness](#). The dominant

Omicron variant is reportedly [less severe](#) than previous variants.

So, for many people, this has resulted in a shift in the anticipated cost of catching COVID. For some, becoming infected with COVID might seem inevitable. However, this prospect is no longer considered bad enough to prevent them from being out and about.

Then there's the impact of more than two years of expecting to get infected, but not actually contracting COVID. This [reduces](#) our expectation of infection, our fear and our avoidance.

For example, loosened restrictions and re-engagement in pre-pandemic activities may have initially been anxiety provoking. But over time, in the absence of catastrophe (such as being hospitalised with COVID), our fears decline.

This is called "extinction learning" and is the basis for [exposure therapy](#)—the [gold standard treatment](#) for anxiety.

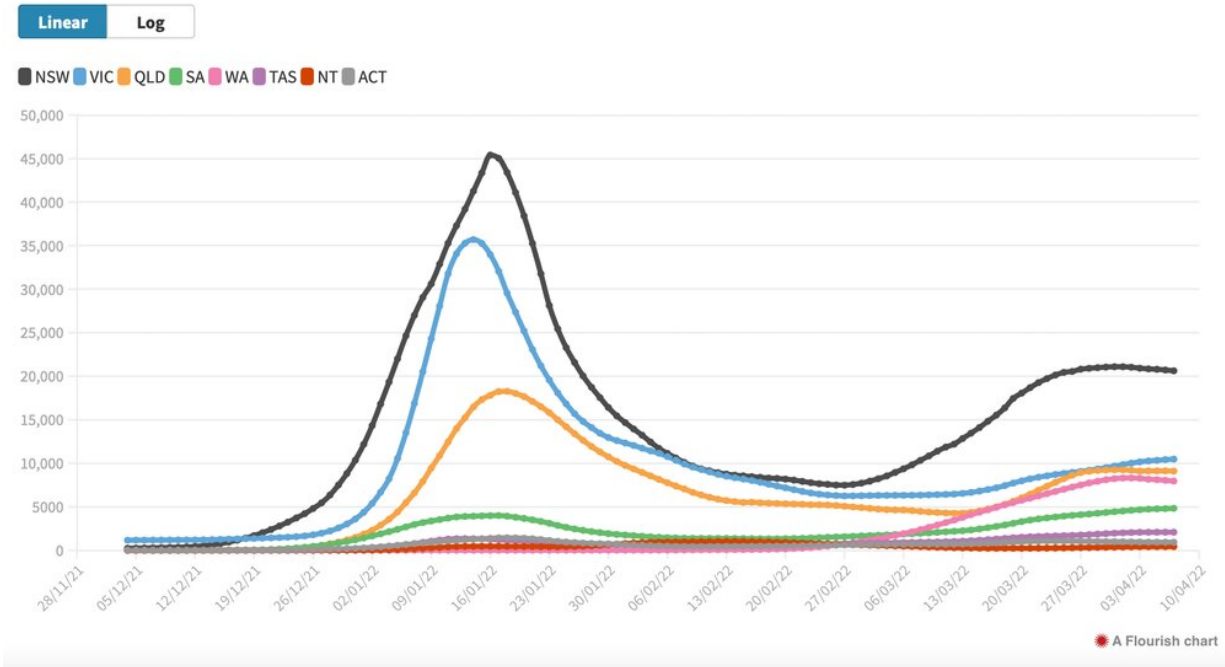
However, if someone is unexpectedly hospitalised with COVID, this [can increase](#) their belief in the likelihood and cost of contracting COVID. Once recovered, they're then more likely to be afraid and avoid being exposed to more risk.

COVID also no longer dominates the news cycle. This reduced opportunity to consume threatening COVID information may have also reduced COVID-related fear. However, this may have been superseded by other recent threats in the news—floods and war.

All these factors account for why people's responses to COVID can change over time. What used to be OMG a few months ago might now be a meh, or vice-versa.

New daily cases since December 1

Shows new daily cases as announced (PCR + RAT). Does not include retrospective revisions. 7-day average.



The number of daily COVID cases for each state and territory, based on a seven-day average. Credit: www.covid19data.com.au

Are some people more prone to OMG, then meh?

For some, OMG is an appropriate response, for instance, if they are vulnerable or are protecting a vulnerable person.

An OMG response may also have been appropriate earlier in the pandemic, when we knew so little about the virus and we weren't certain vaccines would arrive. Avoiding risk made sense when we were unable to accurately determine the likelihood and cost of contracting COVID.

However, at this stage of the pandemic some people may be prone to

overestimating the likelihood of contracting COVID and its consequences— independent of both the actual risk and their experience of COVID so far.

These people are likely to seek out and pay greater attention to negative or threatening information around them. This is a process known as attentional bias and is [linked to anxiety](#).

People with this characteristic are also more likely to avoid situations that provoke anxiety. This [prevents opportunities](#) to adjust their expectations about the chance of contracting COVID and the cost.

This creates a perpetual cycle of fear and avoidance that does not dissipate over time.

Is your response appropriate?

A rational response is one that accurately reflects both the likelihood and the cost of a negative consequence. The threat posed by COVID will vary between individuals. So it is important to accurately assess the threat for you.

If the threat is high, more caution may be warranted to prevent contracting COVID by physically distancing, wearing masks or reducing social contact.

Alternatively, if the threat is low, less caution may be required.

Here are some practical steps to help you accurately determine the likelihood and cost of contracting COVID and align your response accordingly:

- Assess the evidence. Stay well informed from credible sources

about infection rates and rates of serious illness requiring hospitalisation

- Talk to [medical professionals](#) about your personal risks and how to manage them
- If your fear of COVID is having a serious negative impact on your life, seek support from a mental health professional. Cognitive behaviour therapy is a psychotherapy that [teaches people](#) how to evaluate threat and reduce avoidance. Alternatively, you can access [cognitive behaviour therapy](#) at [MindSpot](#) or [This Way Up](#).

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