

COMBATING A CRISIS

**The Psychology of Singapore's
Response to COVID-19**

David Chan



 World Scientific

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Part 1

The Context of the Coronavirus Crisis

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Chapter 1

A VUCA Crisis

COVID-19, short for “Coronavirus disease 2019”, is the official name given by the World Health Organization (WHO) to the novel coronavirus disease that was first reported in end December 2019 in Wuhan, the capital city of the Hubei province in China. In a short span of several weeks, the highly infectious disease was exported beyond other cities and provinces in China to countries around the world. On March 11, 2020, when there were over 120,000 reported cases in 114 countries, the WHO declared the COVID-19 outbreak a pandemic citing the alarming global spread.

By April, more than 90 percent of countries had imposed some form of strict containment and mitigation measures to control the community spread of the disease. In late May, many countries and cities were still in varying degrees of lockdown orders aimed at minimizing people movement and preventing mingling in the community, and several were already in their extended lockdown periods. The highly contagious coronavirus was spreading rapidly.

By May 21, less than 5 months since the first cases were reported in China, the global number of confirmed COVID-19 cases had crossed the 5 million mark and claimed over 330,000 lives in at least 177 countries. Just 10 days later on May 31, the global number exceeded 6 million confirmed cases with a total of over 370,000 deaths. The pattern and pace of spread continued. In just another 8 days on June 8, the global number of confirmed cases crossed 7 million with more than 400,000 deaths; another 8 days later on June 16, it crossed 8 million with about 440,000 deaths; and just another 6 days later on June 22, the number crossed 9 million with over 470,000 deaths. The actual number of infections is likely very much larger than the official number of confirmed cases — even though some countries have stepped up testing since the beginning of the outbreak, many countries are testing only symptomatic or serious cases.

The COVID-19 pandemic has caused, and will continue to cause, great disruptions to lives, livelihoods, ways of life, and quality of life. We will need to learn to live with the coronavirus for a long time, even as we combat the coronavirus crisis collectively and fight our own daily battles individually. So, it is important to draw lessons from our responses and experiences so far from the first few months of the outbreak, adapt to the ongoing and upcoming challenges, and prepare for post-pandemic realities.

This book is about the human psychology of our response to the demands and changes resulting from the COVID-19 pandemic. I will explain the rationale for writing the book, but first, a quick summary of what we know about the coronavirus.

Epidemiology of COVID-19

The most common symptoms of COVID-19 include fever, dry cough, shortness of breath, chills, sore throat, loss of smell, muscle aches, and fatigue. The infection may lead to pneumonia and other complications. Infected individuals who are older persons or have underlying medical conditions (e.g., diabetes, cancer, hypertension, heart problems, and lung problems) are more vulnerable to deterioration into serious condition and are at a higher risk of death.

The time period from infection exposure to the onset of symptoms is typically around 5 days (i.e., the median incubation period) but it may range from 2 to 14 days. Some infected individuals will show only very mild symptoms, non-specific symptoms or even no symptoms at all.

Medical experts have concluded that the main mode of human-to-human transmission of the coronavirus is through respiratory droplets produced by coughing, sneezing, and talking during close contact between people. These droplets fall to the ground or onto surfaces rather than travel through air over long distances. Hence, it is also possible for people to get infected by touching a contaminated surface and then touching their eyes, nose, or mouth.

The data suggest that the coronavirus is most contagious (i.e., degree of viral shedding is very high) during the first few days after the onset of symptoms but it can also spread before symptoms appear or from people who do not show any symptoms (i.e., asymptomatic transmission).

At the time of writing this book in June 2020, there is no known vaccine or anti-viral treatment that works for COVID-19 and the primary mode of treatment is symptomatic and supportive therapy.

To detect infected cases and prevent further rapid transmission, many countries have worked to build their testing capacity of suspected or vulnerable cases and also increase their contact-tracing efforts to identify people who have been in close physical contact with an infected person.

Based on the mode of transmission, recommended measures to prevent or reduce the chances of infection that have shown to work include maintaining personal hygiene through washing hands and using suitable hand sanitizers, wearing a face mask, and maintaining safe physical separation between people through social distancing or physical isolation.

These prevention control measures have been implemented in many countries through imposing travel bans, installing temperature screening at entry points to countries, places, or facilities, encouraging people or making it compulsory to wear a mask when in public settings, and implementing varying degrees of physical restriction orders on specific individuals, groups, or the community at large.

The set of physical restriction orders on the community, which most countries called a lockdown (Singapore called it a “circuit breaker” period), may include bans on large-scale events, restrictions on public gatherings, social distancing in public places (e.g., in queues and sitting in restaurants), and physical closing of facilities such as workplaces, schools, retail shops, entertainment outlets, and non-essential services. These restrictions are aimed to minimize people movement and prevent people mingling in the community.

A Crisis of Pandemic Proportions

The COVID-19 pandemic is an ongoing and rapidly evolving global crisis with multifaceted dimensions.

The economic fallout from the COVID-9 pandemic has been immense. With businesses, jobs, production, and consumption directly affected by weeks of travel bans and physical lockdowns, the pandemic has caused great economic disruptions with dire consequences for countries, both locally and globally. The global recession, and its economic impact, is the largest since the Great Depression in the 1930s.

Not only were there clear public health and economic impact, the physical, social, and political toll of the lockdowns were also evident.

Across the world, lockdowns were affecting revenue and income but more importantly threatening the survival of businesses and costing millions of people their jobs. In the United States, for example, a study by the Pew Research Center analyzing government data estimated that the first three months of the COVID-19 outbreak in the country saw the number of unemployed Americans rise by more than 14 million from 6.2 million in February to 20.5 million in May. This amounted to a sharp increase in the US unemployment rate of more than threefold from 3.8% in February to 13.0% in May. The coronavirus outbreak and lockdowns also drove the unemployment rate in many Western countries into double digit figures. Across the world, countries had seen sharp rises in retrenchment, unemployment, and job losses. These official figures, which are lagged indicators, are underestimates of the actual dire situation, and they do not capture the full detrimental impact that the lockdowns and disruptions on production and consumption had on businesses, job losses, and people's livelihoods.

Beyond finances, there were also disruptions to freedom of movement, physical gatherings, and routine social

interactions as isolation, stay home orders, and social distancing measures were imposed. Anecdotal evidence and monthly statistics raised concerns that the economic impact and control measures such as stay home requirements during lockdown periods could contribute to unintended negative consequences such as triggering family dispute, domestic violence and abuse, psychological distress, and even suicides.

People everywhere were looking to their leaders to solve problems because leaders make decisions on control and mitigation measures. For every city and country, there were not just economic threats but also clear risks of psychological distress, family problems, social unrest, and political cost if lockdowns were maintained or extended for long periods.

So, with mounting multi-dimensional pressures, and as the infection rate slowed or stabilized (as indicated by the daily number of new confirmed COVID-19 cases) in April and May, some countries and cities began to lift their lockdown or adjust it by easing the control measures. Across Europe, different countries and cities were lifting their measures at varying speed, and there was a general trend that the worst hit ones were adopting a more cautious approach by reopening gradually. Across Asia, the first to ease measures occurred in late April to early May and included cities across mainland China, Taiwan, Hong Kong, South Korea, and Vietnam, followed by others in late May to early June such as Japan, Philippines, Thailand, Malaysia, and Singapore.

While lifting lockdowns and easing measures might be taken as a sign of confidence that the outbreak had been brought under control and it was time to reopen and revive

the economy and society, it had led to ambivalent public reactions — a mix of cheer at restoring some normalcy and fear of new spikes in the number of infections. All governments were faced with difficult decisions on how to balance between easing up on restrictions in non-trivial ways and not doing so too rapidly that it causes more community spread and costs lives.

Of course, it is simplistic to characterize the government decision dilemma as a zero-sum trade-off choice between health and economy, or between lives and livelihoods. If strict control measures to curb community spread are not taken in a timely manner, and reopening of the economy is not done carefully in a calibrated manner with appropriate safe management and community cooperation, then the speed and scale of the coronavirus transmission will simply increase exponentially, resulting in more lockdowns and severe economic disruptions. So, the decision difficulty for governments on reopening from lockdown is a political judgement call that leaders have to make, taking into account the scientific evidence, experience of other countries, healthcare capacity, economic impact, and a variety of other contextual concerns relating to psychological, social, and political issues.

Without a doubt, in almost every city and country, the coronavirus crisis has caused great disruptions to the lives and livelihoods of individuals, families, organizations, and communities. Beyond public health, there were significant costs all round — physical, economic, social, psychological, and political. The nature and extent of the demands that we need to adapt to, and our efficacy in dealing with them, will also change over time and in different ways.