



### Emotion and care during COVID-19: commentary on 'What makes me tick in the pan(dem)ic'

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This commentary is in response to the narrative titled 'What makes me tick in the pandemic' which is accessible at <http://rhime.in/ojs>

“The fear is contagious – like brushfire”

This narrative, “What makes me tick in the pan(dem)ic” underscores that the global pandemic of Covid-19 is not only biologically contagious but also emotionally contagious. While the whole world is responding to a highly infectious disease with government-imposed restrictions, individuals are struggling to make sense of what is going on. In the current age of global communication and social media, we are barraged with information, both the verified and the fabricated, and it can become hard to discern and digest. Moreover, health care providers are uniquely impacted. Self and societal conceptions of what it means to be a healer are coming up against the realities of the intersecting responsibilities of individuals, public health systems, and governments.

I will respond to this narrative through my lens as a clinical psychologist and clinical

ethicist living in New York city during the Covid-19 surge, where I have observed great turmoil and resilience among healthcare staff. [1] As the author aptly depicts – the sense of distress is palpable, yet so, too, is the commitment to helping others. In my response, I will explore the role of emotion and briefly offer care ethics as a framework.

For healthcare providers, the impact of this pandemic has been particularly emotionally intense. As the author describes, the emotions are cascading. Some fear for their own lives when on the frontlines, while others feel guilt for their absence. Some are angry at institutional and governmental responses and the shortage of personal protective equipment (PPE) that directly impacts their own and their colleagues' safety, while others are overwhelmingly sad that it is them who accompany patients at the end of their lives while family members are not permitted to visit. Some dread the prospect of bringing

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the disease home to their families and live in anticipation of potential consequences of their service, while others are anxious about keeping up with the latest infection and medical protocols and are trying their best to treat a disease with no cure. Healthcare providers are collectively in uncharted territories. It can't be overstated that during times of uncertainty, emotions intensify.

The "conflicts of the mind" that the author mentions, the internal back and forth, are a combination of cognition and emotion or thinking and feeling. A key point is that intense emotions, in and of themselves, are not pathological. Emotions are complex and contextual. When humans are faced with a novel and difficult situation, it is normal to have a range of feelings. And an individual's life circumstances, history, social support, personality, and emotional expressiveness will impact their response to the pandemic. As the psychologist Robert Plutchik wrote, "An emotion is not simply a feeling state. Emotion is a complex chain of loosely connected events that begins with a stimulus and includes feelings, psychological changes, impulses to action, and specific goal-directed behavior."<sup>[2]</sup> He described eight basic emotions, which he grouped into four sets of opposites: Joy-Sadness, Trust-Disgust, Fear-Anger, and Surprise-Anticipation. He further depicted the continuum of intensity - for example, apprehension, fear, and terror are greater intensities of the same axis as are pensiveness, sadness and grief.

In this piece, the author focuses specifically on fear which in Plutchik's model is paired with anger. Fear can be adaptive and maladaptive. Phobias, panic disorders, post-traumatic stress disorder among others, are diagnostic categories which have clear symptomatology that benefit from treatment. But consider when a healthcare professional deeply fears for their safety and this fear fuels their focused attention when they don and doff personal protective equipment. This is adaptive. In fact, fear and doubt related to

our place in the world, during a pandemic, are also part of adapting to and making sense of non-sensical things. In this piece, the author works her/his way through the fear and lands on the role of support and connection. It is in connection that many difficult emotions can be moderated. In fact, shared experiences and building alliances are the basis for formal and informal psychological interventions for people dealing with many problems in living.

When I first read this narrative, I started thinking about "The ship called duty." What is the individual health care professional's duty to their patient, to their co-workers, to the hospital, to their families, and to their community? But beyond duty, how can we support each other and consider our interdependence and vulnerability as we go through this pandemic together? Classical biomedical ethics frameworks often focus on principles including beneficence, non-maleficence, respect for autonomy and social justice.<sup>[3]</sup> Whereas care ethics, or an ethics of care, focuses on relationships, vulnerabilities, interdependence, and is context-driven. More specifically, care refers to an action (of caring), as well as a value that recognizes the vulnerability of others. Care ethics recognizes that caring often involves close relationships, but it also can be broader, and includes a "feeling response of "I must" to a person's predicament."<sup>[4]</sup> Healthcare professionals are inclined and trained to respond to predicaments, to respond to suffering, and to tend to others. In fact, care ethics has been suggested as a suitable ethical framework for healthcare practice in various fields including palliative care.<sup>[5]</sup> In this narrative, the author is sharing her vulnerability and simultaneously bringing us into the experience of the "turbulence" and the "support" of others.

Beyond the care at the bedside, is the broader notion of care for each other in society. In this particular crisis, the death of healthcare providers has been alarming.<sup>[7]</sup> Shortages of PPE and prolonged exposure to

the virus have been suggested as reasons for this. Typically, health care providers are considered more powerful in the dynamics of healthcare; yet the pandemic has rendered them physically and emotionally vulnerable. In New York city, pivotal moments of distress were experienced when colleagues became patients. The duty to care also extends to society's mandate to care about healthcare providers.

I am grateful for this narrator's description of

an internal struggle during the pandemic and for sharing a vulnerability that many likely feel, the churning of emotion and conflicting ideas, and the need to respond and accompany each other. In essence she describes one healthcare providers enactment of an ethics of care. For learners and teachers alike, all of whom can become patients at any point, this narrative is an important reminder of our humanity and of our shared frailty in response to a global pandemic.

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## References

1. Mukherjee D. Experiencing Community in a Covid Surge. Hastings Cent Rep. 2020 May 5. [cited 2020 Jun 19] Available from <https://www.doi.org/10.1002/hast.1109> Online ahead of print.
  2. Plutchik, R. The Nature of Emotions: Human emotions have deep evolutionary roots, a fact that may explain their complexity and provide tools for clinical practice. *American Scientist* Vol. 2001;89(4):344-50.
  3. Beauchamp TL, Childress JF. *Principles of biomedical ethics* (7th ed.). New York: Oxford University Press; 2013.
  4. Dunn CP, Burton BK. *Ethics of Care*. Chicago: Encyclopædia Britannica, inc.; 2013. Available from <https://www.britannica.com/topic/ethics-of-care>
  5. De Panfilis L, Di Leo S, Peruselli C, Ghirotto L, Tanzi S. "I go into crisis when ...": ethics of care and moral dilemmas in palliative care. *BMC Palliat Care*. 2019;18(1):70. Available from <https://www.doi.org/10.1186/s12904-019-0453-2>
  6. Medscape. In memoriam: Healthcare workers who have died of Covid-19. 2020 Apr 1 [cited 2020 Jun 19]. Available from <https://www.medscape.com/viewarticle/927976>
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