

Covid-19: How to Think to Cope Up Impact of Corona Pandemic?

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Abstract

Covid 19 has impacted psych of everybody all across the world. This unprecedented event has started affecting not only psychologically impaired individuals, normal citizens but medical fraternity as well. Various types of reactions or behavior are displayed daily on social media. Onlookers cannot really comprehend behavior of people and does not understand how to react or escape from mental trauma that takes place automatically reflecting upon their behavior. E.g. sometimes people assault medical and Para medical staff, at some place citizens assault or misbehave with police force, scenes of damaging public and govt. properties are displayed, at some places patients are flying out of hospital wards, occasional news of suicide, male patients are showing vulgarity with female nurses, passing stool at verandahs, etc. Medical doctors or nurses are showing signs of professional brunt, signs of acute anxiety/depression, psychological breakdown at some places disturb common human psych.

This picture of total disarray, mental chaos is evident everywhere across the globe. No one clearly knows how to cope up. Most of us don't have educational input or training or guidance on how to think in such circumstances. Literature available to guide people in this crisis is mostly behavioral and has limited role to impact.

Only education or training to think appropriately can save us from pandemic of mental illness! Unless psychological basis or thoughts behind any behavior are not unlearned change in behavior or potential pandemic of mental illness cannot be avoided. Sincere attempt is done in this article to sensitize concerned people. Egalitarian goal, automatic stereotype activation, and appropriate Defense mechanism based suggestions; training tactics are offered to understand and follow practically to safeguard one's mental health.

Keywords: *Defense Mechanism; Self Talk; Automatic Stereotype Activation (ASA); Egalitarian Goal*

Introduction

Covid 19 is marred with mixture of actions and reactions, e.g. lockdown/work from home are actions whereas protesting crowd on road/public assault on police are reactions. One wonders why such contradictory behaviors. Unexpected or undesired behavior is not shown by one or two individual but group/s of civilians behaves errant. Such pattern of behavior is observed not only in one country/city but more or less seen all over the world. Why do some people protest and some obey? Is it some sort of conspiracy or reaction with mala-fid intentions or something else which is difficult to comprehend? Is such behavior consciously carried out? Do such reactions or errant behavior originate unconsciously? How to deal with such errant behavior? Can law enforcement agencies fore-see to better handle such errant behavior?

Aim

Intention of this communication is to comprehend such issues psychologically and find answers. Behavioral aberration is an issue at hand to discuss. Discussion is aimed to change errant behavior.

Cause of behavior: Is behavior consciously controlled? Naïve people might probably say yes; conscious thoughts/intention causes behavior. But experts and research points out that conscious thought/s is not the only cause of behavior. Cause of behavior is mixture of unconscious thoughts and conscious thoughts [1]. Researchers like Thomas Huxley (1874), Bargh (1997a), Wilson (2002), Jeannerod (2006), Pockett (2006), Dijksterhuis (2007) affirm in their respective work that unconscious thoughts are more responsible for our behavior. 99.44 % behavior involving psychological reactions are automatic in nature J.A. Bargh and E.L. Williams (2006) of Yale University assert [2]. Such behavior depends on automaticity. It is called automatic stereotype activation (ASA). Covid-19 related behaviors appear like automatic stereotype activation. E.g. Anger outbursts on police/doctor/nurses, disobedience of social distancing, deliberately avoiding isolation or quarantine facility, public protest on road, etc. Automatic stereotype behavior takes place without conscious awareness and knowledge of the person. Hence, most of them don't realize how to control ASA.

Measures to change behavior

Evaluate the source of information: Consciously one can question any information before accepting it actively or passively. One needs self training to make such enquiry a rule. One can easily adapt to this rule if it is passed on as a family pattern from parents to child.

Automatic stereotype activation/behavior (ASA) can be negated or controlled by consciously adapting chronic egalitarian goal [3]. Egalitarian goal directs the person to consider everyone equal to each other; be fair to everyone, be tolerant, and be unbiased. Egalitarian goal can be taught as a family tradition. Most of the doctors/nurses are taught this concept during their education. Chronic egalitarian goal is an integral part of their professional work. Thus, their behavior doesn't fall into the category of ASA [3]. But common people need to be trained how to avoid ASA.

Stereotypically activated behaviors occur automatically because of naive acceptance of external information. Since human being is wired to imitate; most of the learning takes place automatically through this imitation mode of learning. Routinely people don't question authenticity of any behavior or information. They naively believe it so it gets imitated. Without evaluating validity/authenticity of information and without reflecting upon the practical aspect of personal suitability; common people seem to act through imitation. Hence, their culture, surrounding, social values/practices influence their behavior automatically. Thus stereotype activation/behavior takes place in single individual and in groups of people similarly.

Introspect the origin of behavior: Why should one introspect or look within the origin of behavior? It is because behavior originates from thinking. If objective is to change behavior then unless one knows how and what to think; change in behavior will not come by. Behavior does not change easily because most of the time every behavior follows a specific pattern or one may say; every behavior is a miniature part of set pattern. Set pattern of behavior means cycling or repetitious pattern of behavior which is mostly an integrated part of personality. Such pattern of behavior forms a special type of memory in the brain and body of individual, which eventually helps that individual to act accordingly with or without conscious effort. That means such acts become unconsciously ingrained commands of that individual's brain.

How to change thinking to change behavior: To change such ingrained commands of the brain; one has to bring change in way of thinking. So immediate question props up; can we change our own thinking? Literature is flooded with affirmations. But nobody conventionally guides us how to thinking.

Develop self-talk to change thinking

Thinking is an autonomous ongoing activity of mind since birth to death. Most of the individuals feel due to automaticity that they cannot voluntarily manipulate their own thinking. This inability to learn how to think as per wish is generally experienced only because of unawareness. Schooling all over also doesn't teach us how to think. Peter Ellerton, lecturer in critical thinking at The University of Queensland opined on the same lines in *The Conversation* dated 19.08.2015. Ignorant humans believe that thinking is beyond anybody's control. But that is not a whole truth. 'Thinking pattern' can be changed or by deliberating 'self-talk' (ST) [4,5]. James Creighton, psychologist of 50 year's experience advices to change self-talk to think positive in *Psychology Today*, Nov. 2019. He says if one enquires within self "what am I thinking right now?" then this enquiry itself will enable one to experience that mind is thinking. Such repeated enquiry can strengthen mind's ability to know what is going on inside the mind. This training empowers mind to manipulate one's own thinking voluntarily to some extent. Thinking can be changed from either way; molding it from inside or from outside of that person. If one changes self talk one may direct or change inner thought/s.

Self talk is of two types, (a) Reactionary ST and (b) Reflective ST. It is self explanatory; reactionary indicates impulsive/sudden response of mind and reflective means response is executed after thinking or reflecting upon what has been experienced.

Functions of self-talk: Self-talk functions to direct self behavior or thinking [4]. Among various functions of self talk are self-awareness, self-knowledge, self evaluation, self reflection, self instructions, self motivation etc. [4] Self talk also corrects cognition [4]. Recent research in sports affirms that self talk (ST) serves to control cognitive and emotional reactions in order to execute automatically [6]. Self talk is of two types, automatic and reflective. Automatic ST is of reactionary nature while reflective ST is based on consideration and planning, kind of cognitive deliberation. This deliberation needs inner command or ST; it does not function automatically.

Develop reflective ST: Self talk (ST) which is like a shadow of self-thoughts gets heavily influenced by external world. External world represents many things like opinion, advice, social media, feed-back, impact of events etc. Desired reflective type of self-talk should to be constructed under the bombardment of external world. It is difficult to construct and continue desired self-talk. Difficulty occurs because mind is like soft clay which gets varying shape/s every moment due to impact of external world. However, it is possible to instruct self willingly and relentlessly to execute reflective self-talk. A relentless instruction is a buzz-word. Mind takes time to learn new technique. Unless it unlearns old technique it cannot re-learn new technique. One should not get disheartened if mind fails to pick up re-learning. And that is why we opt to name it "training".

This training is time consuming and exhausting. William Deresiewicz, renowned American author and literary critic says in his essay 'Solitude and leadership' that he takes long time to 'think 'or reflect upon. He says further thinking takes place only after sticking to question or enquiry. When you try to think; first thought which comes to mind is mostly derived from outside of you, your inner thought or reflection emerges after lot of patient thinking and rethinking. Thinking is learned only by seeker's attitude. It is seekers and not collectors of information who learn and develop the ability to think. Education in most of the countries focus not on training how to think or how to become seeker but concentrate more on gathering and memorizing more and more information. Many amongst us as a result find difficulties undergoing training. Covid-19' stress multiplies this difficulty to think and behave appropriately or reflectively.

Change cognition: Challenging conditions induce stress that paralyses our ability to think. Hence getting trained to think is worth a graduation and real time solution under such threat. Instead of change in thought/s, active or passive, that arises from deep rooted cognition; if one tries to change cognition voluntarily then automatic thinking and DM which is part of unconscious thinking can also be changed. Delving into the mind and changing the cognition is time consuming but worth an attempt. Dr Athena Staik, PhD, marriage and family therapist, also writes similar views that "It's up to you to take the reins of re-writing, creating your self-concept and life story" in *PsychCentral*, 29 Dec. 2013. Such repeated efforts of delving into one's own mind to conceive the concept and allow mind to marinate to unlearn and relearn will train mind to think for longtime. Change of cognition comes handy when one learns to change DM.

Change defense mechanism (DM) consciously: Defense mechanism (DM) is an unconscious response mind offers to safeguard from deleterious effect of stress. In most of the cases DM appears like an automatic phenomenon because of its subtle nature. Sigmund Freud in the early 19th century tried to explain it for the first time. While explaining typical behavior of patients Freud proposed this causal theory of behavior. DM is essentially based on two types of change; (I) Cognitive distortion and (II) Dissociation of mind from reality (Brad Bowins 2004). Depending on degree of deleterious effect of stress and respective response; Freud divided DM into mature (healthy), immature and neurotic types (unhealthy) DM. Lesser the stress mature the DM; moderate the stress immature DM and severe the stress neurotic is the DM.

DM is considered to be an integral part of every person/personality. For sake of ease to understand let's divide DM into (i) healthy or mature and (ii) unhealthy defense mechanism (immature and neurotic). Healthy DM attributes healthy behavior and unhealthy DM causes unhealthy or pathological behavior. Stress of Covid-19 induces behavioral aberrations originated from various DM. Hence behavior of patients/common persons/administrative people/doctors/nurses not only differs significantly from each other but contradicts each other to create chaos. Chaotic situation and social confusion increases when many seem to oppose guidelines chalked out by team of administration to contain the pandemic. To contain the pandemic behavioral aberration DM or source of behavior must be changed.

Hence identification of DM, type of DM, its pairing behavioral counterpart, possible solution to unlearn old DM and relearn new DM is suggested for both, doctor and common man. However, list of DM mentioned here is not exhaustive or all inclusive. Some DM is selected here to elucidate the point. This whole process is called cognitive training. Objective of this cognitive training is to replace unhealthy DM by healthy DM. If one knows by examples which one is healthy and unhealthy defense mechanism then it is easy to identify our own DM and then train ourselves to adapt to healthy DM. To name a few; anticipation, suppression, humor, altruism, identification, compartmentalism, etc. are the main healthy defense mechanisms which can empower us during Covid-19 threat. Most useful and effective though not easy to adapt is anticipation DM; that is taken up for discussion.

Anticipation is similar to fore-seeing or making sense of present cues to future happenings [7]. Can we adapt to this 'anticipatory thinking' while dealing with Corona pandemic.

Responses to this life threatening scenario of corona virus infection are not going to be similar. It is because any response or reaction depends on anticipatory thinking.

Ability of anticipatory thinking is not universal and similar to all individuals. Ability to anticipate depends on detecting patterns of related events, identifying cues in the immediate environment, comprehending implications and understanding interdependence of events [7]. This skill is not available equally to all because it is slightly more than simple prediction. Hence, many amongst us need 'training and experience' to use anticipatory thinking. Experience makes much sense, e.g. novice doctor who is equally qualified fails to detect and make sense of impending health complication/s of a patient.

With the help of this ability one can think in advance; actions can be taken before panic button is pressed and action remains end result of well thought of strategy.

Coordination among doctors and nurses enhances the ability to anticipate and remain prepared for unexpected bad events. E.g. Events like Ruckus created by some patients of Covid ward can be anticipated by slightest cues or pattern of behavior of those patients. All members (including nurses/ward boys) of treating team should be trained to be vigilant to identify cues/pattern as well as comprehend future implications of any rough behavior of patient. Undesired events can be avoided if such anticipatory thinking is taught to concerned staff.

Any person who uses anticipatory thinking can exercise optimum care, obey guidelines of authorities like social distancing, testing or screening. Hence anticipatory thinking skill is also considered basis of compliance.

Other healthy DMs are discussed while elucidating solutions to different types of reactionary behavior.

Covid-19 related reactions: Many who are not empowered to 'anticipate' are likely to react through unhealthy defense mechanism. DM is an integral but unconscious part of our personality which attributes to uncivilized or civilized behavior. Person remains ignorant and feels helpless because DM influences his behavior without his/her knowledge. Thus behavior or behavioral part of personality cannot be 100% consciously restrained or rectified; most of us would conclude. But that's not true. Since long researchers have claimed that DM can be changed by psychological interventions [8,9].

DM can be changed when treatment is offered. Usually psychological interventions take long time to bring positive results. But changes in DM can be brought about after short psychotherapy [9]. Let's see some examples where one can reflect upon and train self to change unhealthy DM to healthy DM. Following reactions or unhealthy DM have made bold headlines in social media during Covid-19. Following reactions demand 'training' to change behavior. Let's discuss how to change unhealthy DM even with short psychotherapy. Solutions suggested below are short, easy to execute, and relevant in the corona pandemic.

Denial: It is most commonly observed DM. Denial indicates an unhealthy coping mechanism where initially it helps to absorb psychological shock. But if denial persists longer then it impedes recovery from psychological shock as well as it creates resistance to treatment [10]. E.g. many societies opted to deny any threat such as corona infection for long. Many denied it to be a life threatening situation. Many denied its magnanimity. Many denied or delayed to take emergency measures to fight with infection. Such temporary denial turned costly/ life threatening for many people.

Solution: It is applicable to both patient and doctor. Denial state of mind/s can be resolved. If authorities or significant others declare to these individuals that they are probably in denial phase and explain what is meaning of denial phase then within short time all such individuals can at least partially accept dangerous situation arising out of denial. Simple acceptance of danger will eventually prepare their psych to resort to measures other than denial. At this juncture significant others or authorities need to tell them to 'think and think only' instead of reacting to the stress. Thinking means analyzing facts or feelings. Thinking involves logical deduction, checking reliability of decision, assessing pros and cons of multiple thoughts/plans, fore seeing loss and benefits, reflecting upon the consequent effect of thought. Thinking also means waiting patiently for the mind to come up with 'idea'. Process of thinking helps one to tolerate present distress, refrains one from impulsive action. Thus initiation of thinking and processing the available information will subdue sympathetic tone and eventually such person will find out healthy way to cope up with stress.

Remedy for denial is "accept the denial state, reflect upon it, and wait for mind to come up with some idea to overcome the problem".

Acting out: Emotionally charged (out of control) activities of an individual are called acting out. Such activities can be impulsive. It is prevalent more in young men. Acting out could be manifestation of psychopathology like ADHD, ODD, conduct disorder, depression, etc. Acting out is an unhealthy DM carried out by common people. For example some people misbehave with authorities or thrash treating team of doctors/nurses. Some people pelt stone at window glasses or behave violently. Some hospitalized corona suspects have fled out of hospital/isolation wards or defecated in open space or molested nurses.

Causes of acting out could be psycho-pathological, e.g. conduct disorder, ADHD, delinquency, antisocial personality elements, etc.

Solution: For relatives/people: People who act out under stress need to identify themselves or someone should tell them that they have tendency to act out. Such feedback will empower them to avoid acting out. M.A. Laaksonen et al of Finland (2014) reported that patients' knowledge of their own unhealthy DM potentially facilitates treatment [11]. To avoid acting out one has to train oneself to identify and verbalize feelings loudly just before the action of acting out. In other words "sense and say it out"! This simple mental command to blurt out verbally will not only monitor sympathetic overtone but actually replaces physical action of acting out.

Awareness of self instruction to “stop for a while” just before ‘acting out’ will surely calm down impulse. Practicing this method couple of times will be enough to overcome unhealthy DM. When you sense and say it loudly what is going on in your mind; automatically you tend to judge yourself from other’s point of view. This judging activity of mind helps you take responsibility of your own actions. Any responsible person inevitably refrains from ‘acting out’. Isn’t it? Cognitive and transpersonal therapist Andrea Mathews (Psychology Today 29.4.2012) too emphasizes to take personal responsibility to refrain from acting out.

Rationalization: It is also called intellectualization. Intelligently when someone justifies their bad behavior it is called rationalization. It is an unhealthy DM. Karen Horney says rationalization is self deception by reasoning.

In the face of calamity or even in the face of any potential threat people try very often to rationalize their (bad) behavior by convincing them and others that such a calamity is not coming over. They would argue with reasoning to any extent just to defend their point of view because rationalization is reassuring and self-serving DM [12]. It is indeed difficult to persuade such people because they don’t exercise willingness to reexamine their and other’s point of view. More the persuasion more they toughen their stand.

Solution: Practice suppression DM

For relatives: If someone listens to them patiently, accepts and respect part of their logic, and stealthily motivate them to reassess their own point of view just to safeguard future debacle, then possibility of change comes around. You can motivate such people to train themselves to use mature defense mechanism of Freud i.e. suppression. Emotionally unsteady mind may find it difficult to exercise suppression DM. Hence sympathetic and patient motivator is needed. Anyone who uses defense mechanism like suppression don’t respond immediately or exhibit turmoil of emotions; rather he/she suppresses those impulses for some time and tries to think of an alternative action. These individuals tolerate their psychic trauma for some time, think over the possible solution/s and then take delayed action which may not appear as a direct reaction or response to the trauma. Individual who choose long term goal against short term goal opts for suppression DM. So for the sake of fulfillment of long term goal immediate reactions are suppressed. Hence this defense mechanism is called suppression; which is a healthy or mature defense mechanism.

For doctor/nurse: Suppression can be used to tackle fear of Covid-19. E.g. A doctor or nurse who experiences chilling fear down their spine may suppress this fear-emotion for a while and focus on their professional oath, self respect, love for profession, dedication and care for their job will eventually rise with courage sufficient to ward off flee and fight reaction and sympathetic overtone. Then their focus on self-esteem attached with professionalism will increase enough to motivate them to care for their professional duty towards patients amidst corona affected scenario. Thus care overpowers fear. Identification is also another type of DM that can help both doctor/nurse and relatives. E.g. when a doctor or nurse speaks emphatically with self and points out their professional identity then their DM like reaction formation/turning against self/comparative inferiority complex, etc. can be resolved and self-esteem be regained. They can function well with such regained self-esteem.

Dissociation: Dissociation at mild degree; saves person from acute or overwhelming anxiety. Dissociation can cause de-realization or de-personification. Person gets dissociated from real self, time and place. It helps sometimes in mild degree. Dissociation in extreme degree and chronic form attributes abnormal thinking and behavior, e.g. dissociative personality disorder. E.g. A pizza delivery boy dissociated from time i.e. Corona pandemic; played hero and caught corona infection. Dissociation could be an early indication of impending psychosis.

Solution

For doctors: Treating doctors should remember the causal link of trauma and dissociation while treating corona positive patients. Suspected corona positives kept in isolation could be victim of dissociation DM which in turn can prone them into high-risk behavior [13].

High risk behavior could be indication of early signs of psychotic behavior. So immediate relevant question props up; should they be kept on empirical mild low dose antipsychotic medication for short time to prevent high-risk behavior. Treating doctors need to remember that dissociation is an underlying mechanism for many types of defense mechanism and thus can attribute any type of unhealthy DM [14]. So clinicians need to detect underlying depersonalization or de-realization type of dissociation if any while examining corona positive patients.

For patients/relatives/others: Vigilant and caring relatives/others can notice such change in patient's perception. As a result of changed perception patient's behavior appears unusual, e.g. fearless and brazen behavior of Pizza boy. OR, a 45 year old patient started having delusions that people are going to harm him because he failed to keep his promise to help them to continue their job during Corona lockdown. He dissociated or lost mental connectivity to time and place to such extent that he could not have been persuaded by family members. So his brother brought him in psychiatry OPD.

Society in general should be sensitized and well informed through social media to detect any such unusual behavior, dissociation, cognitive distortion and if detected then it should be reported to doctor or medical facility as soon as possible during pandemics/epidemics.

Displacement: It is common DM where emotions/impulse/reaction is redirected outward to less threatening target. E.g. when you are angry on your Boss because of reprimanding, you redirect your anger on your subordinate, a less threatening target. Emotional reactions are essentially outward in displacement. Target of emotional reaction gets changed. Anna Freud used to say displacement differs from that of projection, where inwardly emotions are placed outward.

Displacement of emotion is a key ingredient unlike physical assault seen in Acting out. E.g. threat or blame or verbal duet with or on doctors/nurses is a kind of displacement DM. Corona patient is angry on causative link of infection but cannot explode on the real target chooses to threaten nurses/doctors who happens to be easy prey. Displacement DM is quite commonly seen in ruckus created by relatives of deceased when patient dies in hospital. Though this is quite ineffective DM; it has been observed much frequently during Corona pandemic. It is ineffective because it tarnishes the image of user; to create another type of anxiety in order to get rid of first type of anxiety.

Turning against self is a special type of displacement DM [15], where person displaces anguish or emotional hatred or disapproval on self. In this case self is made 'easy target'. Freud explains guilt/inferiority with this idea, that person turns against himself.

Solution

For doctor: Anticipate quickly before displacement of anger takes place and declare patiently to the angry person that he or she is getting angry on somebody else which is harmful to himself. Talk with patient or relative in a low pitch and confident/reassuring tone in voice about the factors responsible for their disappointment or anger. Explain helplessness of treating team despite genuine professional hard work while treating patient. Talk one to one personally. Don't rely on junior doctors or nurses to talk. Talk in the presence of whole treating team; if possible keep guards standby.

For patients/relatives: Use reflective self-talk (ST). Details of reflective ST are mentioned above so repetition is avoided.

Projection: More the disturbed psych more is the use of projection DM asserts Psychiatrist from Croatia (2005) [8]. Projection means attribution of unacceptable psychological impulses or thoughts on others [16]. It is a type of blame-game where person projects his or her wrong intentions unknowingly onto others. It is a kind of cognitive distortion. But it's not based on distorted cognition only; dissociation too attributes when projection becomes overwhelming. Dissociation brings in delusional idea in it, e.g. when a woman asserts firmly that a particular man known to her is seducing her or contemplating strongly to molest her against the profound denial of that man then psychological exploration could raise a question that woman is influenced by projection DM.

It does not happen deliberately. Many times person does not identify that unknowingly he or she is projecting or attaching one's own hidden feelings onto others. E.g. (i) a patient of incapacitating chronic depression fears that his brother is not going to help him in near future whereas the reality is opposite i.e. patient is not able to help family or brother. (ii) People who attended convention at New Delhi during Covid-19 period thought that authorities were non-co-operative because they belong to different religion or felt that authorities were unjust. As a result they were suspicious and hyper alert towards authorities. According to Phebe Crammer (2002) such perspective is a result of excessive use of projection DM [17].

Solution

For doctors: It is very difficult to change such thinking (DM) called 'projection'. It may happen because any projection may offer some sort of pleasure or relief (skewed) to the individual. Use of defense mechanisms like suppression, compartmentalization and sublimation can help doctors remain composed, intelligible and patient.

Under such situations patience which is an integral part of suppression/compartmentalization/sublimation will help in a long way.

Knowledge of projection DM can also provide reasonable relief to treating doctor who has been exposed to patient's projection. Projection can be used deliberately with mal-fide-intentions. So it is intelligible not to confront projector or be careful and strategic while confronting them.

For patient/relatives: 'Projection' unknowingly becomes an unconscious habit. Habit leaves behind non erasable scars. To deal with projection effectively one need to adapt to mature DM like identification. Identification orients person towards differences in identity of self and that of other person. Differences in identity compel one to use logic. Logical thinking subdues effect of projection.

Sublimation is a type of healthy thinking where thinker believes firmly that some good for him is unfolding under all bad that is happening right now. Underlying faith on something good will happen remains unwavering despite any present bad situation when sublimation is applied. This underlying faith motivates sublimely. Sublime faith enables the person to refrain from projection. Sublimation works better when group of people use it simultaneously. It's group's psychology that holds them to gather to the idea that something good is happening. Sublimation works better when circumstances are conducive.

Reaction formation: It's most stable and pervading DM, S Juni mentioned in 1987 [18]. It's anger outburst or impulsive reaction to undesired happening which can take form of revenge at times. It indicates underlying psychopathology. E.g. Corona infected person will become more social instead of isolating self to take revenge of constraining authorities. Someone violently attacks authorities coming forward to restrain (help) them during corona lockdown. Reaction formation like other DM is a phenomenon unconscious to the doer.

'Reaction formation' repeats as a rule because of its physiological nature. Physical action involved in it transforms it into a long lasting memory. Eventually reaction formation works like a tendency, may be ingrained tendency; to react to every potential threat.

Tendencies need expert intervention to get changed, e.g. hypnotherapy, therapeutic commands offered during mild sedation or 'trance' state of mind. People who react with anger outbursts or explosive behavior or violent aggressive behavior to trivial triggers or provocations need to consult specialist to help them change their thinking. Without external intervention self training is less desirable or advisable.

Solution

For doctors: Same as mentioned in Projection.

For patient/relatives: Acceptance DM can help them. E.g. Corona infected patients are compelled isolation or quarantined forcefully; if they accept the situation 'as it is' then their patience to tolerate physical and mental stress enhances enough to reduce their discomfort.

Training of medical fraternity: Clare Gerada (BMJ 2019) asserts that without DM doctors would be more vulnerable to distress arising out of professional duties [19]. Hence some additional advice is offered to doctors and paramedical staff who are directly treating patients of Covid-19.

Most of them do have innate empathy. But many of them are not educated to remain aware of their own thoughts. Many medicos don't handle own emotions effectively. They are not trained to use mature DM to minimize, ward off, or avoid professional brunt. Instead it is seen commonly that many of them awaken their professional esteem to sustain severe stress. This is called identification, where they create a rational self talk; saying to themselves that such incidences are inevitable and incidental in their profession; so no hard feelings for self or patients.

However, psychological brunt may be unavoidable even under such conditions. Professional hazards at times cause them pick up immature or neurotic DM. E.g. They may experience somatization (somatic complaints), victimization, depression, sleep disorder, isolation where they feel ashamed of their emotional trauma or weakness, etc. Let's not blame the sensitivity of the person for brunt. It won't be healthy thinking on behalf of us. Instead they should be informed and trained psychologically and behaviorally about all mature DM.

They should be taught to consider this professional hazard as a or opportunity to enhance their ability and maturity (Sublimation). However, Altruistic thinking along with sprinkle of humor is a real solution for these brave individuals. E.g. Patient under somebody's care dies of corona infection. Event of death may descend gloom over treating team as well. (i) At such time one must tell self and colleagues around that feeling sad is okay, but sadness always remains temporary (accepting psychic trauma and talking it out). Let us tolerate the negative emotions at present (Suppression DM), (ii) during such occasions self talk is a valuable tool to safeguard one's decision-making ability (Reflective ST), (iii) Think again and again to talk. Talk about the death, treatment, pros and cons of diagnosis, fragility of life, etc. Voluntarily take initiative to talk with everyone around. Praise your team members for their professionalism. Pat your own back and say it loudly in front of everybody. Think to find out funny side in day to day work. E.g. if you verbalize your thoughts like ventilator attached to dead patient does not know if to weep or not because it will get some rest now. Hesitate not to sound funny. Humor is "mind-saving" tool. Be funny with someone close to you who can tolerate, support and enjoy your behavior, (iv) Compel one and each other fellow doctor or nurse or ward boy to think to focus on the present job at hand (Compartmentalization). (v) Accept the reality of life that not every patient can be saved despite best medical facilities. Acceptance DM is largely used all over especially in India. (vi) Humility DM can also be like that of acceptance. Humility facilitates sacrifice or lowers pride or egoism to safeguard trauma to ego.

Direct confrontation with aggressive relatives: Every clinician is bound to face such situation in professional life. Best strategy to deal with such situation is profound use of acceptance, humility, suppression, identification (Sandor Farenzi and Anna Freud advices to think/ behave/adopt mannerism/language like that of relatives while interacting with them) [20], reflective self talk, and empathy while actively interacting with them.

Afterwards doctor/s needs to adapt to compartmentalization, isolation, humor, altruism, self serving bias (mentally increase our own importance), Sublimation (George Vaillant corroborates), suppression, etc. defense mechanism.

However, practice of showing empathy verbally and non-verbally, low pitched voice, gentle smile, use of appropriate pauses while talking with aggressive relatives, and genuine approach cannot be undermined.

Conclusion

Need of training one's own mind; 'how to think' is highly recommended in the times of Covid-19. Change of thinking is possible and within reach of many individuals provided legible information, motivation and training of egalitarian goal is offered. Repeated efforts will help one to change one's own thinking. Defense mechanism is a sure guide to navigate in the unyielding ocean of human mind. Appropriate use of healthy DM can certainly bring peace and behavioral change.

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