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Experiencing the Pandemic: Narrative Reflection about Two Coronavirus Outbreaks

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ABSTRACT

This is a narrative reflection about my experience of the ongoing coronavirus (COVID-19) outbreaks across countries between January and early March 2020. My recalled memories showed the shifting and contingent thoughts and emotions. Contextual factors such as my ethnic identity and local anti-coronavirus policies also constructed my perceptions of the pandemic. While my story is unfinished as the coronavirus outbreak is still happening, the narratives provide a novel perspective to understand public health practices in a global context. As the health knowledge construction is infused with identity and personal meanings, this reflection also shows that people from a racial group may face unfair treatment in a pandemic. My narratives suggest the need for a more globally synchronized health communication in pandemics.

“In all our preparations for the coming pandemic, then, we would be wise not to give short shrift to metaphor and language, and the way they shape not just our thinking, but also our actions.” – Davis (2013, p. 178)

I am a researcher in Klagenfurt, Austria. I originally come from China. These self-introduction-like starting sentences are the key for my story. My story starts from my holiday on the 19th of January 2020. I planned this holiday a long time ago. Going back home for Chinese New Year always brings me happiness. Even now, it is still hard to associate my holiday with the coronavirus particles with those little pink spikes.

Rumors, outbreak, terminology

It was a long trip from Klagenfurt to Kunming, a city in Southwest China. I spent a few days in Bangkok. The tropical wind greatly refreshed me. But, I soon noticed unusual things on the subway. Most people were wearing a face mask. It was uneasy to link the observation to the rumors from my friends. According to them, Wuhan, a Chinese city that is 2471 kilometers away from Bangkok, had some unknown disease. I assumed the air quality must be the reason why people were using a mask. One day later, my cousin, who is a medical student, advised me to wear a surgical mask. Luckily, I easily bought some N95 masks from a local pharmacy.

On the 23rd of January, I noticed someone speaking in Kunming dialect at Suvarnabhumi airport. She looked worried, saying that many people had died. The message sounded a bit shocking to me especially because it was in my first language. Most passengers wore a mask on the flight from Bangkok to Kunming. My family members drove me home, and they told me many things that were later confirmed by the government. All information, official or unofficial, suddenly had a concrete body.

This was my experience of the first coronavirus in China. The virus was initially called Wuhan pneumonia because it was first detected in Wuhan. Later, it was called 2019-nCov, and then COVID-19, which is caused by the virus named SARS-CoV-2.¹ All the names clearly link to the year 2019 when I knew nothing about this epidemic, and SARS, which was another scary epidemic in China in 2003. It was soon described as an “outbreak” by the World Health Organization (WHO).²

Severity, information, isolation

All descriptions of COVID-19 were initially vague, but I quickly realized the severity of the virus. As my father said, he is nearly 60-year-old, but he has never seen such a situation. Chinese major channels broadcasted the instructions directly from President Xi. Distinguished medical experts, who also worked extensively 17 years ago during the SARS outbreak, taught people how to wash hands and wear masks. I gradually learnt things about COVID-19 from TV and WeChat posts. All information suggested that it was wise to stay at home.

Along with the outbreak, the New Year still went on. Wonderfully positive shows were performed on the CCTV New Year's Gala as usual. The gala was just for one night, but the virus was still in the air. People had many questions about this new disease. Investigations were reported every day in leading medical journals. We know that people can catch this virus from other people. We know the strange term “fecal-oral route.” We know that it may originate from a wildlife animal market. We also learnt something like “aerosol transmission” which suggests even flatulence can be poisonous! As a researcher, I clearly understood the generalizability of these lab-based results, but I was worried. For this new virus, we have no medicine, no approachable words to translate the esoteric conclusions from the clinical knowledge (Sharf et al., 2011).

Instead, a popular view driven by Chinese fatalistic beliefs associates this unpropitious event with the Year of the Metal Rat (庚子年), becoming a plausible explanation for many confused people.

A few days later, the situation became grim. National statistics showed that cases were increasing everywhere in China. Wuhan mayor said that 5 million people had left the city before its closure. Linking this number to the above preliminary understandings of COVID-19, a battle with an invisible enemy was on. “Wuhan” suddenly became a special identity. Local media often reported news about how hotels provided free accommodation for Wuhan travelers. However, people were worried as many Wuhan visitors were still “at large.” We clearly knew it was stigmatizing to label people, but some online posts blamed those Wuhan people who had “escaped.” At that time, face masks were sold out. Luckily, I had some N95 masks from Thailand. I kept one myself and shared the rest with my family members. It was also lucky that my home is close to several supermarkets. Every time a person entered the supermarket, the security guard, holding an electrical thermometer over the temple, carefully checked their body temperature. Although I knew that people could manifest the symptoms after 14 days, I still felt it was safer to check. In the supermarket, people kept their distance as we all knew that even flatulence could be a risk. Thanks to technology, most supermarkets have e-cashiers. People could easily check out with their smartphones. On the way back home, I saw three stray dogs on the streets. For some reason, I realized they were abandoned. Quite recently, a dog in Hong Kong had also been infected with the COVID-19 (“Dogs catch coronavirus,” 2020).

In an attempt to stop the virus from spreading, several apartments with confirmed infections were blocked by installing a thick metal bar on the door. One night, I walked on a big overcrossing bridge. I saw the new shopping mall which I had not visited yet. I saw the restaurant where I had rice noodles last year. I saw the shop where I got a globe model from my aunt when I was a child. All those memories rushed into my head with the fairy-lit but empty night view (Figure 1). A strong sense of isolation came over me. I have no previous



Figure 1. A photo taken from an overcrossing bridge in Kunming, China, on the 3rd of February 2020. Due to the COVID-19 outbreak, people were barricaded into their homes and shops were closed.

experience of such an outbreak. I was only a high school student when SARS happened, doing my school routines as usual.

Socializations online are important in the COVID-19 time. Many friends asked me if I was okay. Some suggested me to leave China earlier because they were pessimistic about the control. In my friends’ mind, Austria is a clean and safe land, although they had never been to Europe. Some friends were positive. They recalled the history of SARS and predicted that, in the summer, the virus would disappear itself. Another friend sadly told me that he had to stay over in Thailand for 14 days because of the new Australian law. He felt he was like a refugee from a “dirty” country. We both had several educational experiences overseas, and his words also made me think about my identity in a global context. I began to worry about my return flights. The flight company told me they were unable to predict future changes because the coronavirus situation could deteriorate. My parents tried to comfort me. Those intersubjectivities, online and offline, created a cozy social fabric for me. It would be horrible to face great fear and frustration without those supports.

Worries, worries, and worries

On the 7th of February, my aunt drove me to the airport. It was the first time I felt taking a flight is a highly risky behavior. The ground staff checked Austrian policies many times. She even called her supervisor in Beijing to confirm if my flight was canceled. At last, I got the boarding pass. At some point, I felt I was playing the movie *Argo*: there were many barriers which could have stopped me from going on, and I would be caught by the virus. The flights were safe but depressing, with boring cabin meals. I remember there was a Caucasian who took off his mask, and the neighboring Chinese man immediately asked him to put it back on. I could smell the nerves in the cabin.

During the whole trip, I had my face mask from Thailand. It came from a tropical area and would go to a cold place with me. It was lucky that I had one mask, but it was also a used mask. I sometimes could vaguely smell the food I had a few days ago on the mask. After about 10 hours, we landed in Vienna. The broadcast told us “quarantine professionals” were coming to conduct individual examinations. As it transpired, I found it was just some young men scanning our foreheads and saying “Morgen.” This is what supermarket security staff were doing every minute in Kunming. I precociously grew worried since the loose examination did not match the safe land my friends had imagined.

There was a magical shifting moment at Vienna airport. I found most passengers removed their masks when they were waiting for their luggage. It first came as a visual shock to me. But this social impact was powerful. I soon felt like I returned to those good old days without masks. On the train to Klagenfurt, people occasionally coughed. I was a bit worried. But there was a voice in my mind telling me that they were normal coughs. Watching the snow-covered mountains from the window, I enjoyed the “escape.”

International travels made me tired. I noticed I sometimes coughed and had some phlegm in my throat. I frequently searched coronavirus symptoms online and compared with

my conditions. They seemed similar. There were good reasons to catch it because I went to airports and sat on the plane for hours. The virus may have entered my body when I removed my mask for food. It may also have come to me before my trip. I began to worry about my family members, hoping they were fine. Given these uncertainties, I requested working from home for the first two weeks. I dreamt of the possible wording Austrian newspapers would use to describe me as the country's first case. They would definitely mention my Chinese ethnicity because people tend to relate a new disease to a "risk group" (Houston et al., 2008).

Acculturation, identity, comparisons

Two weeks passed quickly. It turned out that I was paranoid with my symptoms. But most Chinese friends overseas shared similar worries as mine. When I returned to work, the first uncomfortable experience was the public sitting toilet. Coronavirus could survive on surfaces for several days. How can this toilet be a safe design? It was fine to tolerate these bum-to-seat kisses when there was no epidemic, but when such a serious disease comes, critical thinking is applied everywhere. When I walked into the city, nobody wore a mask. This standard protection, taught in China, was challenged. I also talked to my colleagues here, they knew what happened in China from media, but they basically believed the COVID-19 is just a normal flu that kills older people. Again, my Chinese knowledge told me it was not so. I tried to rationalize myself: Austria is a country without any COVID-19 cases, so, people do not need this knowledge.

The good days lasted too short. Just a few days later, Austria reported the first case. Northern Italy, Croatia, Germany, Switzerland ... many regions around Klagenfurt reported their first cases too. I started to feel unsafe. I faced the same virus, but the feeling is different from my China stay. At that time, I faced many uncertainties, but I knew the risky areas and people were controlled. The government was taking actions. In contrast, nobody here seemed to take the virus seriously. Their attitude is basically "be careful, but don't worry." Anytime I shared my worries to my colleagues here, they always responded politely. Maybe people felt my worries were post-quarantine overreactions. I felt there was no consensus to face the public threat.

A Chinese staff member at a restaurant told me her friends had already returned to China because they believe China has richer experience with COVID-19. Some of my family members also suggested, in case of an outbreak, that I should be prepared to return. They believed the "democratic" countries could not provide an aggressive intervention like China. The imagined "clean" Austria had suddenly become a risky place in their eyes. In early February, I felt sorry for China's bureaucratic system, which potentially delayed the intervention. But later, after seeing how the situation was managed around the world, I felt China had done efficiently enough.

Chinese ethnicity suddenly became a salient identity in my Austrian life. I did not experience any explicit racist actions, but people often asked me how far my hometown is from Wuhan. These "microaggressions" (Sue et al., 2007) can be unintentional, but something happened in Europe that was intentional.

A Chinese flag cartoon, with coronavirus-like figures, was published in a Danish newspaper. And the cover of a German magazine deliberately used the headline "Made in China." While narratives about SARS were mostly regarding incidences and death statistics (Houston et al., 2008), a strong Sinophobia atmosphere was growing with the help of social media. All these reports foreshadowed the wording "Chinese virus" which President Trump used during a news conference in March. Other than for political reasons, do people ever think about the feelings of Chinese people, especially those families who are suffering from great loss? If one day you get a disease and people blame it on your nationality or race, imagine how you would feel? A great anger grew, but, at the same time, I became afraid of my surroundings. My Dutch friend sent me a photo showing the insulting graffiti on her Chinese friend's house. I feared to go out at night as if I am the unwanted. In the face of this new disease, people are playing foolish blame games: Wuhan residents are blamed within China, whereas overseas Chinese are blamed across countries.

Closing words: Lessons so far

Understanding an outbreak is difficult for individuals, as my story shows. It involves many cognitive processes and emotions to accept the invisible virus. Health communication, in a consistent and rapid fashion, can efficiently shape the public risk perception. Most knowledge I have about the COVID-19 is learnt from the internet. Like others, I applied such knowledge to life and practiced social distancing. Unfortunately, with the same internet, Chinese experience did not translate to a global vigilance before the virus went further. The discrepancies in disease control may mirror cultural or management differences. Nevertheless, collaborative strategies against this human threat are not well-formed. To deal with pandemics, a global synchronized health communication framework seems lacking. There should not be a spectator in a pandemic because the disease is not a problem for a country or a race.

Notes

1. These abbreviations stand for "2019 novel coronavirus" (2019-nCoV), "coronavirus disease 2019" (COVID-19), and "severe acute respiratory syndrome coronavirus 2" (SARS-CoV-2).
2. The WHO classified the COVID-19 outbreak as a pandemic on 11 March 2020.

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