Psychological Trauma: Theory, Research, Practice, and Policy

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COVID-19: Threat and Fear in Indonesia

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The purpose of this article is to provide a brief report on how the Indonesian population has experienced the COVID-19 pandemic in the first 2 months since the establishment of COVID-19 Rapid Response Task Force on March 13. The discussion will focus on the psychological trauma that the population has experienced due to the lack of preparedness, the poorly equipped health care system, and lockdown policies in dealing with the spread of the coronavirus. Four different types of psychological trauma were increasingly observed, based on digital communication with people affected and reports from the news and social media. These 4 types of psychological trauma were social withdrawal, hysteria, individual violence, and collective violence. On the basis of the described psychological consequences of the pandemic, it can be assumed that both the individual and collective reactions must be considered to reduce harm of the coronavirus pandemic.

Keywords: COVID-19, common threat, psycho fear, public health, traumatic experiences

Since the Indonesian government declared coronavirus disease 2019 (COVID-19) a national disaster on March 2, 2020, every facet of society has changed dramatically. Indonesians feel threatened by the virus and feel that the government's late response has made them vulnerable to the pandemic (Almuttaqi, 2020; Bland, 2020).

Three months after the first outbreak of COVID-19 in Wuhan in December 2019 (Huang et al., 2020), the virus had claimed 2,870 lives (WHO, 2020). While other countries around the world introduced lockdown measures, Indonesia offered incentives to promote tourism (Almuttaqi, 2020). It was not until March 13, 2020 that the Indonesian government reacted to the crisis by setting up the Task Force for Rapid Response to COVID-19 under Presidential Decree 9/2020 (Djalante et al., 2020). This happened two days after the virus claimed its first victim, a 53-year-old woman who was diagnosed with COVID-19 after her death (Asmara, 2020). Three new deaths were reported on March 13: two women aged 37 and 57 and one man aged 59; two of these victims were diagnosed with COVID-19 after their death. Subsequently, 4,557 cases of COVID-19 infections were diagnosed, and 399 deaths were reported within one month (March 13–April 13). At the time of the 2-month milestone (March 13–May 13), 14,438 COVID-19 cases had been diagnosed and 1,028 deaths reported (BNPB Indonesia, 2020). Allard and Lamb (2020) reported that cases were too rarely

reported and estimate that 2,200 Indonesians may have died from COVID-19 — an alarming estimate.

The continued coverage the COVID-19 pandemic in Indonesia's 567 conventional media and 2,011 online media has created a frightening specter, one that misleads the public (Garrett, 2020; Mian & Khan, 2020). The threat of death is omnipresent. At the same time, preparedness to cope with the pandemic is lacking (Djalante et al., 2020; Gudi & Tiwari, 2020), health services are insufficient (Setiati & Azwar, 2020), and lockdown and social distancing policies have limited mobility (Satya, 2020). An estimated 6.7 million people have been made redundant, and the poverty rate has risen by 11%, with the number of poor people reaching 30 million (Mardiyah & Nurwati, 2020). Death, unemployment, and self-isolation have led to psychological trauma, boredom, fear, and even anxiety that threaten the physical and psychological well-being of Indonesians.

On the basis of digital communication with those affected and a review of news reports and social media, four types of psychological trauma seem to emerge that are increasing over time. The first trauma is an individual trauma, which manifests itself through "social withdrawal." Suspected coronavirus patients and recently unemployed persons isolate themselves from their peers and social groups. After these people have broken off their relationships with other people, many of these people suffer from mental illness, take sleeping pills or drugs. There are reports of an increase in the number of people seeking psychiatric treatment. In addition, people with mental disorders are increasingly found on the streets. Several cases have resulted in suicide. For example, two younger people aged 23 and 27 committed suicide one month after losing their jobs (Gunadha, 2020). In another case, a motorcycle taxi driver committed suicide after being unable to earn a living or pay the medical expenses for his 5-year-old child for a month due to the lockdown. In a similar case, a taxi driver (33 years old) in West Java committed suicide because he was unable to pay the installments for his vehicle (Azizah, 2020). Such cases create further distress within the families and communities concerned.

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The second type of trauma seems to be “hysteria.” During medical examination to diagnose COVID-19, some show extreme and uncontrolled behavior. They scream, injure themselves, attack medical staff, destroy hospital property, or try to flee out the window (Firdaus, 2020). Some act so extremely that they collapse or faint afterward. Many Indonesians have refused medical examinations because they fear being quarantined or otherwise separated from their families (Arunanta, 2020; Herlina, 2020). In East Java, for example, a family fled their homeland after learning that medical personnel were coming. In Ternate, a man evaded medical examination by force and was eventually captured by the locals. Fear and anxiety may have contributed to this hysteria. A survey found that 64.3% of the 1,522 respondents in the community suffered from anxiety and depression (Siagian, 2020).

Third, psychological trauma has manifested itself as “individual violence” against children and spouses. Reports of sexual assault, rape, violence, and online pornography have reached their peak since the implementation of the policy of social distancing and the “work-from-home” policy. Such acts of violence are particularly disadvantageous for women and children. For example, Rizky (2020) reported 275 cases of violence against women and 368 cases of violence against children between March and April 2020. This situation is exacerbated by high unemployment. Even when men lose their jobs, they are expected to ensure that they meet the needs of their families (Puspa, 2020).

The fourth trauma is the “collective violence” that occurs in response to panic in the community (Sigit, 2020). Community members often join together to deny access to outsiders for fear of the coronavirus. They refuse to allow migrant workers — who are often stigmatized as COVID-19 carriers — to return to their homes. Persons who have been diagnosed with the virus suffer considerable discrimination, and some communities have even refused to bury the victims of COVID-19 (Garjito, 2020; Sugihartati, 2020). Several cases have occurred in West Java, Central Java, and Gorontalo, which have had far-reaching adverse effects; their perpetrators have been legally sanctioned. The fear of COVID-19 has led to inhuman behavior. Access to the communities is strictly forbidden, and those who violate community standards face severe sanctions. Individual community members are often banished to the forest or locked up in an empty house, both as a form of punishment and as a means of containing the spread of the virus. Coronavirus diagnosis almost always leads to social exclusion and stigmatization and less to the health care and services required for treatment (Widiyarti, 2020).

These four types of psychological trauma show that a trauma must be viewed not only from an individual perspective but also from a social one. Due to a collective trauma of entire communities, communities do not provide the necessary care for COVID-19 victims, justify the stigmatization of suspected cases and victims, and refuse to bury the victims. Collective trauma thus creates an environment that is unsuitable for promoting the common good and can lead to risks and uncertainties (Brown, 2020; Qian et al., 2020).

Overall, it can be assumed that the general unpreparedness of the Indonesian government and the late response stood in the way of containment of the virus and successful treatment attempts. In addition to the government response, community mindsets are crucial capital for combating the coronavirus.

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