

Collective Emotion During Collective Trauma: A Metaphor Analysis of the COVID-19 Pandemic

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Abstract

This study provides insight into lived experiences of the COVID-19 pandemic in the United States. Participant metaphors of the pandemic were collected by conducting in-depth semi-structured interviews ($N = 44$). Participants were asked to compare the pandemic with an animal and with a color, and to provide contextual sensemaking about their metaphors. A metaphor analysis revealed four convergent mental models of participants' pandemic experiences (i.e., uncertainty, danger, grotesque, and misery) as well as four primary emotions associated with those mental models (i.e., grief, disgust, anger, and fear). Through metaphor, participants were able to articulate deeply felt, implicit emotions about their pandemic experiences that were otherwise obscured and undiscussable. Theoretical and practical implications of these collective mental models and associated collective emotions related to the unprecedented collective trauma of the COVID-19 pandemic are discussed.

Keywords

collective trauma; emotion; pandemic; metaphor analysis; COVID-19; qualitative research; United States

There's definitely trauma going on in the world right now. And when you look at other disasters or traumatic experiences that we've had in a big global sense, they were more like an incident . . . this is so ongoing for so long . . .

Collective trauma, as one participant describes in the opening quote of this article, is a group-level cataclysmic, tragic experience that is reproduced through co-constructed discourse (Hirschberger, 2018). Upon submission of this article (March, 2021), the COVID-19 pandemic has resulted in approximately 2.62 million deaths worldwide, with the United States leading at approximately 525,000 deaths nationally (World Health Organization, 2021). The COVID-19 pandemic has resulted in enormous social, cultural, and economic tragedies. These tragedies represent overwhelming collective trauma on both local and global scales.

While scholars have explored collective trauma, memory, and grief of the 9/11 attacks (Downing, 2007; Paliewicz & Hasian, 2016) as well as other national and international crises such as war, assassinations, genocide, and natural disasters (Hirschberger, 2018), this body of literature is largely retrospective and/or textual analysis of cultural artifacts, rather than explorations of how collective trauma and emotion affect individual coping and

resilience during the collective trauma experience (e.g., Garcia & Rimé, 2019).

This trend may be due, in part, to the challenge of documenting and observing group-level emotions during a traumatic event. Many traumatic events, such as natural disasters, occur rapidly and only then does community resilience and rebuilding begin (e.g., Richardson & Maninger, 2016). As a result, collective emotions during the trauma are often captured retrospectively. Second, genuine group-level emotions are often challenging to access given the stigma associated with particular types of emotional expression and disclosure, such as guilt, shame, anger, and despair (Hatzenbuehler et al., 2009). However, past research has demonstrated that when individuals are provided with framing devices such as familiar language tropes, particularly stories and metaphors, they are able to express deeply felt emotions about traumatic events (e.g., Nadeau, 2006; Neimeyer, 1999).

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Malvini Redden et al. (2019) explain that “metaphors symbolically and cognitively frame phenomena at hand, pointing to the ways people understand possible options, view the future, conceive of personal agency, and understand challenges” (p. 502).

Metaphors are especially powerful for accessing the existence of phenomena when situations are unfamiliar, new, and in a state of “denotative hesitancy” (Clair, 1993)—a period in which a certain phenomenon has not been normalized or named through a common vocabulary. Without a specific language (e.g., before such time that a term like “zoom fatigue” had been introduced), people collectively question their perceptions of a social phenomenon’s existence. In such cases, individuals’ metaphor use points to the ways the phenomenon is unfolding or existing for them (Tracy et al., 2006). The COVID-19 global pandemic presents a unique case study of collective trauma and emotion, given that it is global and the associated social, economic, and health crises have persisted over an extended period of time.

To document ongoing, rather than retrospective, co-constructions of collective trauma and emotion, this study collected participant metaphors of the COVID-19 pandemic during the height of the U.S. contagion and shelter-in-place orders. Documenting collective sensemaking and emotional experiences of a largely unknown collective trauma is important, given that these findings have contextual and situated explanatory implications for health interventions. The purpose of this study is to apply the utility of metaphor in accessing lived experiences of the collective trauma of the COVID-19 pandemic.

Mental Models of Collective Trauma

Past research into collective trauma has established that the collective experience of a societal tragedy occurs through the ongoing discursive (re)construction of the event(s) (Hirschberger, 2018; Mazur & Vollhardt, 2015). In other words, collective trauma is made sensible through collective discourse. Sensemaking is a process by which actors develop plausible mental models that retrospectively rationalize a situation (Weick et al., 2005).

Within sensemaking theory, mental models are cognitive images of social reality (Weick, 1995). Mental models serve as cognitive frames that individuals can then apply to their future decisions and actions (Weick, 1995). For example, two people could make sense of the same traumatic event differently, which affects future sensemaking and behavior. If one person constructs a mental model of an event as dangerous, and associates fear with that event, and the other constructs the event as community-building, and associates kinship with the event, they would likely behave differently when encountering similar subsequent events.

Weick et al. (2005) argue that individuals’ differing mental models lay the foundation for expectancy violations (i.e., unexpected changes to past mental models) and subsequent emotional sensemaking. They explain that expectancy violations, like those often encountered during traumatic events, require “positive or negative valenced cognitive evaluation of a situation (e.g., a threat to well-being or an opportunity to enhance well-being), then sensemaking . . . will often occur amidst intense emotional experience” (Weick et al., 2005, p. 418). Therefore, sensemaking that reveals mental models also reveals deeply felt individual and collective emotions (Scarduzio & Tracy, 2015).

Metaphors and Emotional Expression

Mental models of collective trauma are not always readily apparent. One challenge of documenting mental models of collective trauma and experiences of collective emotion is that deeply felt, negatively valenced emotions are often rendered undiscussable in everyday life (Manstead & Fischer, 2000). Past research has shown that individuals engage in emotional suppression to maintain a positive public image and because of the anticipated negative effect on others (Fischer et al., 2004). Emotional suppression often occurs at subconscious levels as triggered by past experiences of overt or covert sanctioning from others for similar emotional expression (Gross, 1998, 1999). For example, if a child expresses sadness by crying, and their teacher says, “boys don’t cry,” this overt sanction may serve to inhibit future emotional expressions of sadness subconsciously.

One language tool that has been used in the past to access deeply felt emotions related to traumatic events is metaphor. Metaphors—words that compare one thing with another (Lakoff & Johnson, 1980)—provide a linguistic comparison framework to enable individuals to conceive of and make sense of their experiences (Malvini Redden et al., 2013). Marshak (1996) explains that metaphors reveal individuals’ mental models of situations “which they might not be consciously aware, nor be able to express analytically and/or literally” (p. 156). Metaphors convey a complex mixture of emotions even when people may not intentionally use them to do so (Gibbs et al., 2002). Research also suggests that metaphorical language communicates more emotional intensity to listeners than literal language (Gibbs et al., 2002). Therefore, the documentation of convergent metaphors about collective trauma could yield insight into collective emotional experiences and how those experiences are shared and received by others. Furthermore, using metaphor as an analytic tool to understand underlying emotions during collective trauma has the potential to inform both health behavior and intervention (Aita et al., 2003).

Benefits of Collective Emotion Expression

Primarily, sharing emotion and emotional expressions are contagious (Hatfield et al., 1993). The phenomenon of emotional contagion is true for both negative and positively valenced emotions (e.g., Barsade, 2002; Scarduzio & Tracy, 2015). The perception of the valence of the emotion is heavily influenced by the cultural and relational context of the interactants. People are more likely to regulate and suppress negative than positive emotions so as to protect others from feeling a similar negative emotion, to avoid sanction, and also as a means of impression management (Fischer et al., 2004).

Despite peoples' propensity to hide their negative emotions, in the context of collective trauma, expression of a range of emotions can yield both individual and collective benefits. Sharing about personal grief may alleviate the emotional distress and can also be a means of garnering social support (Basinger et al., 2016). Similarly, when individuals engage in sensemaking about their negative emotions, through discursive "affect labeling" (i.e., converting emotional experiences into words), they produce their current social reality and are better able to cope (Hoyt et al., 2016). In relation to collective trauma and emotion, being vulnerable and showing one's own upset, failure, uncertainty, or fear is likely to prompt others to feel more comfortable in doing so as well (Brown, 2015). Indeed, when people share their fear and upset, they are also more likely to be able to problem-solve, find collective hope, and brave challenges (Brown, 2015).

Taken together, this body of research shows the integral role of collective emotional expression in healing from collective trauma, and how metaphors provide access to that emotional experience as well as to sensemaking about the trauma. Documenting and understanding the collective experience of trauma and emotion in relation to the COVID-19 pandemic is essential to understanding paths toward collective healing and resilience. Therefore, this study was guided by the following research questions:

Research Question 1 (RQ1): What mental models of the COVID-19 do participants reveal through their metaphorical descriptions?

Research Question 2 (RQ2): What does COVID-19 feel like as illustrated through participant metaphors?

Method

The data in this study emerge from a larger qualitative project aimed at archiving stories and sensemaking during the beginning of the 2020 pandemic created by the

2019 novel coronavirus (COVID-19). This project was designed to collect convergent and divergent experiences among U.S. adults from different cultural, professional, and socioeconomic perspectives. On March 13, 2020, the United States declared a national health emergency. The majority of U.S. states mandated shelter-in-place orders between early March and April 2020 until mid to late May. Data were collected between April 4 and May 15, 2020, during the second and third months of the COVID-19 pandemic. Shelter-in-place orders varied among states and municipalities; however, the majority included mask requirements, social distancing recommendations/requirements, occupational and school closures, restrictions of social gatherings to 10 people or fewer, and the closure of all nonessential businesses (e.g., salons, restaurants, gyms, movie theaters).

Participants

Employing a purposive recruitment procedure, a six-person research team invited participation through our extended relational networks (e.g., friends, colleagues, friends of friends/colleagues) and sought out participants who would provide diverse perspectives about their pandemic experience (e.g., essential vs. nonessential workers, families vs. single people sheltering-in-place, urban vs. rural citizens, differential financial situations).¹ A total of 44 U.S. adults participated in the study. Participant ages ranged from 26 to 79 years ($SD = 14.7$ years, $M = 41.11$ years) with approximately 59% self-identifying as females, 39% self-identifying as males, and one person self-identifying as nonbinary. The majority of the participants identified as White ($n = 29$), with 11 identifying as Latinx, one as Black, one as Asian, one as Indigenous (Native American), and one as Asian and White. Participants disclosed their current employment status with the majority (55.8%) indicating they were fully employed or self-employed. In total, 12 participants indicated they were unemployed or underemployed due to the pandemic. Household annual income ranged from the lowest category of US\$0 to US\$25,000 to the highest category of US\$300,000 and above, with the majority of participants in either the lowest range of US\$0 to US\$25,000 (20.5%) or the middle range of US\$100,000 to US\$175,000 (31.8%). Participants lived in a variety of areas in the United States with 12 total states represented. Arizona ($n = 12$), California ($n = 11$), and Florida ($n = 6$) were the most prevalent states of residency. During data collection, participants experienced differences in state and municipality mandated shelter-in-place orders and restrictions on daily life, particularly in relation to rural and urban areas.

Table 1. Summary of Primary Cycle Coding Color Metaphor Categories.

In-Vivo Color Codes	Participant Sensemaking
Pink	Vapor, hard to see, hard to detect, hate pink, not a happy color
Black	Grief, death, dark, scary, sinister, plague, fear of death, stressful
Red	Panic, stress, bright and in your face all the time, alarm, danger, anger, bad, warning signs, fire, blood, pain, aggressive, misery, harsh, fast, hot
Green, neon green	Virus, snot, gross, ugly, hardship, disgusting, slime, sludge, infection, nasty, mold, rotten, stinks, not healthy, evil, sickness
Neon orange	Hard to look away, obnoxious, annoying, permanent, incessant and bothersome
Gray-brown	Ugly, dour, bad, depressed, melancholy
Blue	Depression, sad stressed, anxious
Iridescent/multicolor	Unpredictable, always changing, is it one thing or another?
Negative cases	
Yellow	Happy, gives us something better to think about
Burnt orange	Not as bad as red, medium national emergency color
Heart chakra green	Love and compassion

Note. This table provides a summary of the color metaphors articulated by participants. Sensemaking excerpts are summarized with a few direct quotations from participants.

Data Collection

Following institutional review board (IRB) approval, the research team interviewed 44 people about their experiences with the pandemic. Participants participated either in an individual interview ($n = 27$) or a focus group ($n = 17$). For both formats, participants engaged in in-depth semi-structured interviews with a member of the research team over the video conferencing software Zoom©. All participants signed an electronic informed consent form prior to the interview. The interviews were audio and video recorded, transcribed, and multiple research team members checked the transcripts for accuracy and added tacit knowledge. The interview protocol was refined after the research team evaluated the first six individual interviews, and narrowed their topics of inquiry for this study. Questions pertaining to coping, resilience, challenges, and metaphors were included in the interview protocol (e.g., *If COVID-19 had a color, what color would it be and why? If COVID-19 were an animal, what animal would it be and why? When you think about how other people are managing the pandemic, do you feel you are coping better, about the same, or worse than others?*). Participants also completed a brief demographic questionnaire at the end of the interview. Individual interviews ranged from 23 to 81.5 minutes ($SD = 16.03$ minutes, $M = 51.97$ minutes) and yielded 513 pages of single-spaced transcripts. Focus group interviews ranged from 48.93 to 84.32 minutes ($SD = 15.44$ minutes, $M = 61.78$ minutes) and yielded an additional 132 pages of transcript data.

Data Analysis

To answer the primary research question regarding participants' mental models of COVID-19, we employed a metaphor analysis (see Malvini Redden et al., 2013; Tracy et al., 2006). This analysis was accomplished through a recursive, multistep iterative process (Tracy, 2020). Given the large corpus of data collected in the study, the research team first reduced the data by coding the participants' color and animal metaphors ascribed to COVID-19, as well as participants' subsequent explanations for their chosen metaphors. Next, three members of the research team engaged in a primary cycle of coding, using a modified constant comparative process (Charmaz, 2006). Each metaphor was coded as a unique piece of data. The next coded metaphor was then compared with past codes and data. If it matched with one of the previous codes, it was coded into that category. If it did not match one of the current codes, then a new category was created. During this step, a few responses were eliminated from the data set because their responses did not contain metaphors in relation to sensemaking about the pandemic, but instead were tied to literal connotations (e.g., *corona means crown, so purple for royalty*). See Tables 1 and 2 for primary cycle coding categories. During a secondary cycle of coding, the team completed a second process of constant comparison (Charmaz, 2006) to understand (a) in what ways do participant's mental models of the pandemic converge or diverge? and (b) what implicit emotions about the pandemic are revealed through these mental models (see Tables 3 and 4 for a

Table 2. Summary of Primary Cycle Coding Animal Metaphor Categories.

In-Vivo Animal Code	Participant Sensemaking
Reptile (e.g., snake, alligator, lizard)	Unpredictable, dangerous, hard to capture, “slippery,” sneaky, “sinister and deadly,” “hard to see,” “doesn’t care who you are”
Parasites—insects (e.g., wasp, gnats, slug, cockroach, murder hornets, leech, bedbugs)	Pesky, irritating, no rational reason for biting, hard to kill, hard to detect unpredictable, “no freedom,” “not going away”
Rodents—small mammals (e.g., bat, skunk, gofer, cat)	Sneaky, dirty, unpredictable, fast-moving, “fog around it, particles in the air,” “came from a bat”
Predators (e.g., tiger, lion, dragon, Tasmanian devil, bear)	Unexpected danger, scary and territorial, creates chaos, hard to see, “going for the big kill”
Scavengers (e.g., vulture, hyena)	“Preying on the weak and the dead,” disgusting
Negative cases (e.g., gorilla)	Destroy things, strong, must learn to live with, coexist

Note. This table provides a summary of the animal metaphors articulated by participants. Sensemaking excerpts are summarized with a few direct quotations from participants.

comprehensive description of the coding schema)? During this process, two negative cases emerged (i.e., participant perspectives that diverged and opposed other participant perspectives). We conducted a negative case analysis for each of the negative cases to understand why their perspectives were unique to the other participants (Huffman & Tracy, 2018). Those analyses are included in the findings section.

Ensuring Qualitative Rigor

Throughout data collection and analysis, several steps were taken to ensure high quality qualitative research. First, data were collected to capture the most salient experiences of the shelter-in-place orders and the initial pandemic crisis. Second, data were collected through multiple modalities (i.e., interviews and focus groups) and from a diverse pool of U.S. adults to capture convergence as well as the multivocality of participant perspectives. This process was continued until the team reached data saturation; the point at which no new insight emerged from further data collected (Guest et al., 2006). Third, rigor was established through the overlap between data collection and analysis within the study. Several members of the research team listened, reviewed, and fact-checked interview and focus group transcripts. The research team discussed initial insights in weekly team meetings. This overlap allowed the team to elicit “member reflections” in which we asked subsequent interviewees about initial insights (Tracy, 2020) to understand convergence and divergence among member perspectives—a process of seeking cases of disconfirmation (Lindlof & Taylor, 2019).

Findings

In answering the primary research question, we found four convergent mental models across participants’ metaphors of the COVID-19 pandemic: *uncertainty*, *danger*, *grotesque*, *misery* (see Table 3). In answering RQ2, we found four primary implicit emotions revealed through participants’ metaphorical descriptions of the COVID-19 pandemic: *grief*, *disgust*, *anger*, and *fear* (see Table 4). The data also revealed two negative cases, with one participant making sense of the pandemic as “predictable” and the other making sense of the pandemic as “love and compassion.” The following sections provide an analysis of exemplars from the larger data set to demonstrate participants’ convergence across these mental models.

Participant Mental Models of the Pandemic: Uncertainty

A salient theme across participants’ metaphorical descriptions revealed participants making sense of the pandemic as uncertain, elusive, sneaky, and “creat[ing] chaos everywhere.” One participant likened the pandemic to a “snake” because the pandemic “just kind of slithered on in . . . it just moves at will in whatever direction . . . a little slippery.” Comparing the pandemic to a snake marks the virus as shifty and cunning, infringing upon peoples’ agency and control.

Pandemic experiences of uncertainty were further made explicit with some participants relating the pandemic to iridescent colors. For example, a participant noted, “No matter what angle you look at, it’s always a different color.” Participants also framed the virus as

Table 3. Participant Mental Models of COVID-19 Pandemic.

Code	Definition	Data Exemplar
Uncertainty	A mental model that articulates the ambiguity, unpredictability, and lack of control associated with the contagion, diagnosis, mitigation, and treatment of COVID-19.	“. . . bedbugs scare me more than anything else, because like they can get on you and you can bring them home. And they can like . . . be in your furniture and you'll have no fucking idea . . . until it's too late."
Danger	A mental model that articulates the threat, peril, hazard, and death associated with COVID-19. Descriptions of COVID-19 as sinister with intent or evil.	Focus Group 1: “. . . reds in your face and COVIDs in your face all the time. Like, turn off the TV, get on the phone. Get in the car, it's on the radio. It's in your head because you're not wanting to touch things. It's like constantly . . ." "Like an alarm." "Yeah, red like an alarm."
Grotesque	A mental model that articulates the visceral, material nature of a physiological virus and the symptoms associated with COVID-19.	“. . . poopy green, black brown because this all stinks. It is awful. Doesn't look healthy." "No, green like slime. Like sludge. Like infection, nasty. Mold. Rotten."
Misery	A mental model that articulates the pain, suffering, hardship, distress, and discomfort (note: "viewing misery" of others) of COVID-19.	"I give it red, because it's like hot and put a lot of people in misery and put a lot of people out of work."
Negative case: predictable	An alternative mental model that describes COVID-19 as easily controlled and anticipated.	"[A gorilla] because it is really strong. Really, really, really strong. He can kill a human in a heartbeat, . . . [but] You can coexist with it, because we have to learn how to coexist with the virus right?"

Note. This table provides data exemplars for each of the mental models articulated by participants through their use of metaphor. Notably, these codes denote convergence among participant mental models of the pandemic.

unpredictable using insect metaphors—for example, wasps, gnats, bedbugs, and cockroaches—that “come out of nowhere,” “sting you for no reason,” invade personal space and “freedom,” and are ultimately difficult to kill because “they keep coming back.” These metaphors reveal not only the perceived unpatterned, irrational threat the virus posed but also the ongoing unpredictability of the threat that inhibited people’s personal autonomy.

Taken together, these excerpts show participants’ perceived lack of control over the virus and the challenge of resolving feelings of ambiguity. Given the ongoing unpredictability they and others were experiencing, participants described a sustained state of heightened alertness. The enduring uncertainties of the pandemic complicated participants’ need for closure and agency, which reinforced anxiety and perceived threats. These pandemic-related threats manifested in a wide variety of ways and permeated participants’ sensemaking of the pandemic. We expand on this in the following section.

Participant Mental Models of the Pandemic: Danger

Participants’ sensemaking processes of the pandemic were often imbued with pervasive threat, peril, and death.

Common in this theme were participants comparing the pandemic to predators, reptiles, and scavengers, and colors that symbolize panic, fear, and anxiety. For instance, one participant stated it’s “like a lion . . . And it’s going for the big kill. Not like a small kill.” Another participant also perceived the virus as a “territorial” lion that “a lot of people are scared of.” Other participants associated the virus with malign, evil intent. For example, one participant described the pandemic as a “vulture preying on the weak and the dead.” Similarly, another participant painted the virus as a “snake” that is particularly “sinister” and “deadly.” In these cases, the virus was personified as particularly evil, spreading with an intent to kill. Symbols of anxiety were further expressed by participants attributing the color red to the pandemic because red is “like an alarm,” represents “health warnings, the ‘do not enter’ signs, the cautionary signs,” and suggest participants are making sense of their collective experiences with agitation, dismay, and trepidation.

Given that participants described the virus as intentionally “evil,” “sinister,” and “deadly,” this framing of the pandemic as “danger” has considerable implications for how participants negotiate health experiences in which they perceive a lack of control (Missel et al., 2020). A person’s perceived sense of control is related to their

Table 4. Summary of Emotions Revealed Through Participant COVID-19 Metaphors.

Code	Definition	Data Exemplar
Grief	Emotion articulated through participants' metaphorical descriptions of COVID-19 associated with death, loss, mourning, and depression.	"... gray is negative and dour and bad. You <i>feel</i> gray." "It's the color of grief . . . just because of the death behind it."
Disgust	Emotion articulated through participants' metaphorical descriptions associated with repulsion.	"... a hyena. Because it's, like, disgusting thing to deal with."
Anger	Emotion articulated through participants' metaphorical descriptions of COVID-19 associated with annoyance, aggression, agitation, and frustration.	"I just think reds like you think angry you think powerful you think like a force."
Fear	Emotion articulated through participants' metaphorical descriptions of COVID-19 associated with fright, panic, anxiety, unrest, and alarm.	"And for me, the animals that I, the animal that I like fear and I think is scary is a snake. But I guess my first one was a snake just because of the sinister, the kind of gross the deadly, you know, snake bite."
Negative case: Love/compassion	Alternative emotions articulated through participants' metaphorical descriptions of COVID-19 associated with love and cultivating community and compassion.	"Green is the color of your heart chakra; love, compassion and community; that's what's coming out of COVID."

Note. This table provides data examples for each emotion articulated by participants through their use of metaphor and in association with their pandemic mental models. Notably, these codes denote convergence among participant emotions.

overall happiness such that when they feel out of control, they experience less overall well-being (Larson, 1989). In addition, when people feel out of control, or unable to solve a problem, it is common to engage in further destructive behaviors such as blame, projection, withdrawal, or denial of the experience (Vince & Broussine, 1996). Thus, by conceptualizing the pandemic as dangerous and infringing on their control, people may respond in ways that further their suffering, as opposed to productive reframing.

Participant Mental Models of the Pandemic: Grotesque

Prominent throughout participants' mental models of the pandemic were physiological articulations of the virus and associated symptoms. Here, participants metaphorized the visceral and material nature of the virus as "disgusting," "something gross," "ugly," "awful," and "not healthy." For example, participants often evoked particularly repulsive shades of green, such as "vomit green," "child-shit green," and a "nasty, slime green." A participant described the virus as a "pale neon green" that "represents sickness."

Participants also described the particularly "infectious" nature of the virus. One participant explained how the virus—due to the "sneezing and coughing" and associated contagious "particles in the air"—is akin to a skunk that "spray[s] people and infect[s] them." Other participants

chose their least favorite animal (e.g., "slimy lizard," "cockroach") to express their disdain for the pandemic and its grotesque characteristics.

These metaphorical representations of the pandemic as grotesque have consequences for the negotiation and disclosure of COVID-19 exposure and symptoms given the stigma associated with the viral infection. For example, if people frame COVID-19 as grotesque, they may be less apt to disclose a positive test to their family or workplace. Or, they may choose not to take a test for fear of what the result might mean about them or how a positive result might interfere with their social networks.

Participant Mental Models of the Pandemic: Misery

A final pandemic mental model articulated by participants through their metaphors was *misery*. These metaphors represented the pain, discomfort, hardship, and distress of both experiencing the pandemic and bearing witness to local and global suffering. Generally, these articulations emerged from the colors participants attributed to the pandemic. For example, a participant responded with "red" because "it's hot and put a lot of people in misery, put a lot of people out of work . . . A lot of people lost families." Another participant offered the description of a "puke green" because "it's terrible . . . It's caused the deaths of so many people worldwide . . . And it's been such a hardship for everyone to deal with."

A different participant compared the pandemic with a vexing “neon orange.” She said, “It’s so hard to look away because it’s so obnoxious and annoying and permanent. Neon is the color you see on traffic signs or reflective vests, it’s something that’s in your way . . . It’s an incessant thing that’s bothersome.” Although it is unsurprising that participants illustrate the compounding uncertainties, challenges, and permanence of the pandemic as negative, these articulations also highlight how participants communicated empathy and understanding for others in experiences of collective trauma.

Negative Case: Predictable and Manageable

Although there was significant convergence among participants among the four previous mental models, two divergent cases emerged from the data. One participant compared the pandemic with a “gorilla” with which “we have to learn to coexist.” Their framing reflects acceptance of the new pandemic conditions. In another case, a different participant articulated the pandemic as manageable. She perceived the pandemic as “burnt orange,” or the color of the “second stage of national emergency . . . not quite red . . . and not quite yellow.” Contrasting with the uncertainty, danger, and misery described earlier, these viewpoints frame the pandemic as predictable, capable of being controlled, and something to which people must adapt. These negative cases may be due to the fact that both of these individuals were considered essential workers who continued working under modified conditions during the shelter-in-place orders. Both of these interviews were conducted in mid-May when shelter-in-place orders were being lifted. At the time of these interviews, more was known about COVID-19, including the transmissibility and mitigation measures.

Emotion Denial as Coping

After completing the metaphor analysis, it was clear that participants’ mental models of the pandemic revealed specific emotions that were overt within the rest of the interviews. Holistically, participants claimed that they were coping well with the pandemic (e.g., “being positive,” “accepting that it will pass,” “feeling great”) particularly in comparison with how they perceived others (e.g., “we’re so privileged,” “[we] have so much,” “even the gratitude ends up leading to guilt”). Participants also claimed to experience high resilience in relation to the challenges posed by the pandemic. When asked how resilient they were on a scale of 1 to 10, with 1 being *not resilient* at all, and 10 being *the most resilient*, participant responses ranged from 5.5 to 10 ($SD = 0.877$, $M = 8.17$)—which, notably, is significantly higher than the

midpoint of the scale. The contrast between participants’ metaphorical framings of COVID-19 and their answers to our question regarding resilience led us to conduct a secondary analysis to understand what implicit emotions participants articulated through their metaphors of the pandemic.

Grief in Pandemic Metaphors

A salient emotion expressed through participant metaphors was *grief*—enveloped in loss, mourning, and depression. Several participants referenced “darker colors” that symbolize “death,” “grief,” and “negative” feelings.² For example, one participant poignantly described the pandemic as “gray,” noting that gray is “dour and bad. You feel gray.” The embodied, felt sense was also communicated by another participant who offered the color “blue . . . Like sad, stressed, or having anxiety.” Whereas a different participant poignantly described black as “the color of grief. One, because of the death behind it and two, we just don’t know much about it.” These comments paint a bleak and tense affective experience through which participants negotiate their bodily, mental, and emotional well-being.

Disgust in Pandemic Metaphors

Several participants communicated the pandemic as “nasty,” “rotten,” and “mold[y]” to indicate their feelings of *disgust*. A participant said the pandemic was like “a hyena because it’s a disgusting thing to deal with.” By envisioning a hyena, an animal that is often described as an ugly and scavenging villain, this participant discussed the pandemic as abhorrent and revolting. A different participant described the pandemic as “black . . . It’s grungy and gross . . . you want nothing to do with it.” Considering the public health measures which emphasized the risks of contracting COVID-19 from respiratory droplets and surfaces, participants reflected strong feelings of disgust, avoidance, and heightened sensitivity to health-related concerns.

Anger in Pandemic Metaphors

Metaphors of the pandemic also conveyed feelings of anger, agitation, and frustration about the pandemic. One participant responded with “red because it’s very harsh and fast . . . it’s not smooth. It’s very aggressive.” Another participant also mentioned the color red: “I just think red, like you think angry, you think powerful, like a force.” Yet another participant explained that “A lot of people are angry that they can’t work with the whole unemployment [situation].” However, one participant also described

collective anger when she said, “I feel like there’s this aggressive nature and anger with this whole COVID thing.” Taken together, participants’ articulations of the pandemic as aggressive and forceful highlight the dynamic interplay of anger and anxiety that mutually reinforce each other.

Fear in Pandemic Metaphors

Last, participants’ pandemic metaphors revealed their fear, dismay, and apprehension about the pandemic. In most cases, participants turned to an animal or insect that they personally are afraid of, such as “bedbugs,” “cockroaches,” “snakes,” and “lions.” Other participants described their fear of death and the unknown. Three participants all envisioned the pandemic as “black” because of the lack of information about the virus. For example, one of those participants noted the pandemic is “casting a shadow over us . . . it’s deadly and scary.” Another described a “fear of death that hangs in society right now.” In these instances, participants express their anxieties about the fragility of life amid a global pandemic. These experiences of dread also manifested as alarming stressors. Yet, one participant portrayed the pandemic as “red [that is] in your face . . . all the time. Turn on the TV, get on the phone, get in the car, it’s on the radio. It’s in your head because you’re not wanting to touch things.” Several participants noted that only one thing would remedy their fears: the development of a vaccine.

Negative Case: Love and Compassion

In a few cases, participants metaphorically described the pandemic as an opportunity for positivity, happiness, and community-building. One participant mentioned the pandemic was “green . . . the color of your heart chakra, love, compassion, and community, that’s what’s coming out of COVID.” Her perception of the pandemic may have differed given that she was not greatly financially affected, and also that she was able to pursue other creative projects to build her business (like writing a book), which she would not have had time for with her pre-pandemic clinic schedule. Similarly, another participant used “yellow” to explain how the pandemic “gives us something better to think about, it helps us think in a different way about people.” This participant believed that “People have . . . learned to come closer together.” His view may have differed from the group given that he was interviewed at the end of the shelter-in-place orders and, given that he is an essential worker, his daily routine and finances were not greatly affected. Although these two articulations diverge from majority perspectives, they provide contextualized

insight into the varied ways in which people emotionally experience the pandemic.

Discussion

The purpose of the study was to reveal implicit collective emotions related to the COVID-19 pandemic. A metaphor analysis demonstrated four aligned mental models of the pandemic: (a) uncertainty, (b) danger, (c) grotesque, and (d) misery. Given these mental models, we found participants’ implicit emotional experiences of COVID-19 converged around several deeply held emotions: (a) grief, (b) disgust, (c) anger, and (d) fear. These findings have both theoretical and practical implications. First, metaphors serve to document collective emotions associated with a collective traumatic experience that unfolds in real time. Second, this analysis suggests that these mental models influence participants’ emotions and therefore health beliefs and behavior. Last, these findings about collective emotion during collective trauma suggest necessary reforms to health practice, health messaging, and practitioner recommendations during traumatic events. The following sections review the theoretical implications and provide practical recommendations situated in current literature.

U.S. Pandemic Cultural Discourses and COVID-19 Mental Models

Participants’ metaphors of the pandemic revealed internalized collective mental models of the pandemic, many of which were related to ambivalent U.S. public health messaging and a decentralized governmental response. Primarily, participants articulated uncertainty regarding the pandemic. While there will always be a degree of uncertainty in response to any traumatic event, participants noted that mixed-messaging regarding COVID-19 from government, mainstream media, social media, and public health sources (e.g., Craig, 2020; Glowacki & Taylor, 2020; Tasnim et al., 2020) produced disquiet, variability, and anxiety as participants attempted to make decisions regarding their daily lives. Reflecting on public health recommendations, one participant explained, “I’m in unfamiliar territory. I don’t know what to do or where to go. What do I do when I go? What do I do whenever I come back? . . . it’s an on-edge life now.”

Past research in health care contexts indicates that practitioner uncertainty related to health behaviors can result in negative health care outcomes (Brashers, 2001; Brashers et al., 2006). For example, when health care providers inadequately manage uncertainty with recently diagnosed breast cancer patients, this may produce negative emotions such as distress, shock, fear, anxiety,

depression, difficulties talking about risk, and poor decision-making (Dean, 2016; Dean & Fisher, 2019). Research shows that when facing uncertainty, people not only turn to information-seeking strategies to manage uncertainty but also engage in information avoidance, or even go so far as to imagine positive outcomes of potentially risky behaviors, and test out risky behaviors to determine the actual outcomes (Brashers, 2001; Brashers et al., 2006). For example, Barbour et al. (2012) found that people coped with the uncertainty of potential illness by *avoiding* health information to (a) maintain hope, (b) accept limits of action, (c) manage information overload, and (d) reduce flawed information. Responding in these ways to the highly contagious COVID-19 virus is obviously problematic.

Our study provides case-based insight into collective trauma in which individuals are experiencing a prolonged exposure to a constant stream of information about health behavior and news regarding the pandemic (i.e., local and global COVID-19 morbidity and mortality rates). Considering heightened feelings of uncertainty, this exposure may influence (dis)engagement with health information. Although past research has argued that some information avoidance strategies can be beneficial for the mental health of individual patients—by encouraging people to maintain hope and continue with daily activities (Barbour et al., 2012)—avoidance strategies may cause more harm than good in the context of a pandemic, or other prolonged collective trauma. Indeed, our study found that collective and ongoing uncertainty resulted in people feeling heightened alarm, fear, and lack of agency, as well as grief and depression. For example, one participant mentioned, “I’m watching the news . . . to just grab onto some sort of hope. That’s it, but it’s mainly depressing.”

Emotional Voice Through Metaphor

A secondary implication of the findings is that metaphors enabled participants to articulate implicit emotions related to the pandemic. Although the material aspects of the collective pandemic experience (e.g., shelter-in-place orders, infection rate data, media coverage) are easily accessible, people’s affective experiences of the pandemic are less easily accessed due, in part, to emotional regulation norms (Fischer et al., 2004). In this research, we employed the use of a “forced metaphor” question (Tracy, 2020) to provide participants with discursive prompts to express their previously known and unknown emotional experience of collective trauma. Past research demonstrates that metaphors enable actors to frame and make sense of uncertain and traumatic experiences, such as workplace bullying (Tracy et al., 2006), addiction and recovery (Malvini Redden et al., 2013), coping

through miscarriage (Horstman et al., 2020), depression (Charteris-Black, 2012), and depression recovery (Fullagar & O’Brien, 2012).

In line with previous findings (Gibbs et al., 2002), the use of metaphor in this study helped participants articulate emotions that are often kept private or difficult to discuss. Our iterative metaphor analysis shows that participants framed the pandemic as unnerving, threatening, monstrous, and distressing, even as participants reported relatively high levels of resilience. With the exception of three negative cases, positive metaphors that connote key features of resilience—such as optimism, adaptability, and situation-reframing—(Buzzanell, 2010, 2018) were largely missing from the data. These findings underscore the significance and utility of metaphor as an interpretive device for revealing and conveying the intensity of emotions that people may not otherwise express.

Communicating Collective Emotions During a Global Pandemic

Research has shown that unconscious emotional regulation often occurs when people experience negative emotions, due to social norms and implicit sanctioning (Fischer et al., 2004), yet emotional expression is essential for healing following a trauma (Berry & Pennebaker, 1993; Kennedy-Moore & Watson, 2001). Figurative language, like metaphors, can facilitate emotional expression by enabling emotional disclosure and creating “a sense of intimacy between speaker and listener that literal language is less able to do” (Gibbs et al., 2002, p. 128). Among other collective benefits, emotional disclosures can aid in seeking and receiving social support in health decision-making (e.g., Uchida & Yamasaki, 2008). For example, if an individual shares a vulnerable fear of getting tested for COVID-19, that emotional disclosure could foster social support to relieve emotional distress and foster positive health behaviors (Weick et al., 2005). The use of metaphor in this kind of interaction could increase emotional disclosure and understanding, as well as subsequent social support. Thus, we argue that collective emotional expression through metaphor may help people heal from collective trauma.

Moreover, modeling vulnerable emotional disclosures reduces stigma for others to share their own emotional experiences. These shared vulnerable emotional disclosures provide a cathartic effect (Stanton et al., 2000), reduced perceptions of isolation (MacDonald & Morley, 2001), and create increased relational closeness and cohesion (Tolstedt & Stokes, 1984). Last, when individuals are able to express implicit emotions that resonate with others’ lived experience—through metaphor—this expression may enable others to make better sense of

their current circumstances to act wisely (Weick, 1995). In other words, metaphorical emotion expression can serve to validate others' collectively felt emotions (e.g., grief, despair, fear). This validation, in turn, can allow for actions toward health and healing (e.g., seeking social support, practicing self-care).

Applied Implications for Health Behavior and Messaging

Practically, our findings of participants' mental models and emotional experiences of the pandemic implicate health communication in applied contexts. First, understanding the affective experiences of the pandemic is critical for effectively and compassionately communicating in public health messaging. Health researchers and practitioners have recognized the role of emotions in crafting effective public health messages not simply for influencing cognitive responses, but for directly motivating positive health behavior change outcomes (Biener et al., 2004; Dillard & Nabi, 2006). Health researchers seeking to develop and implement effective and ethical health messaging to foster positive health behaviors in the context of disease outbreaks should address the emotional complexities (e.g., the combination of multiple emotions) of the pandemic (Kloss & Bartsch, 2017; Missel et al., 2020).

Second, given the bodily, mental, and emotional consequences of the pandemic that are often obscured in biomedical approaches to health, public health practice focused on the biopsychosocial lifeworlds of patients is essential (Missel et al., 2020; Pfefferbaum & North, 2020). In line with recent research on lived experiences of people diagnosed with COVID-19 (Missel et al., 2020), the findings of this study reveal how people understand the pandemic as an embodied phenomenon that shapes complex perceptions of meanings of health, illness, and disease. Moreover, our findings' metaphoric expression of emotion demonstrates that participants' experiences of the pandemic are deeply subjective, sensed, and embodied. Attending to an individual's bodily and affective experience of collective trauma is requisite to implementing effective health practice beyond the identification of objective symptoms of illness. Education and training regarding how to understand and provide care for holistic health, biopsychosocial, and cultural considerations should be provided to health leaders, frontline workers, practitioners, and responders.

Third, beyond the utility of metaphor for understanding implicit cognitive frameworks and emotional intensity, key communicators can strategically include metaphors in their messaging to influence a change in health beliefs and behaviors (Landau et al., 2009). Metaphors are effective in persuasive campaigns due to their special ability to evoke emotion from an audience

(Gibbs et al., 2002). Experimental research shows that "metaphor can indeed significantly change people's attitudes toward various political and social topics" (Gibbs et al., 2002, p. 128). Health researchers should integrate culturally adaptive metaphors into health messaging by attending to the power of metaphor to both evoke emotions and influence attitudinal and behavioral change.

Limitations and Future Directions

While this study examined metaphors during the COVID-19 pandemic to provide insight into peoples' collective trauma, emotional experiences, and associated sense-making patterns, a majority of data were collected from March 2020 through May 2020 and before the initial shelter-in-place orders were lifted. Future research could extend this work by examining people's lived experiences of the global pandemic across a longer time span. Such research could provide additional insight into how collective sensemaking and emotional experiences shift over time due to public health regulations and peoples' everyday experiences during the pandemic. Moreover, such findings may be useful for health professionals to reflect on the power of language for understanding how people interpret experiences of collective trauma.

In addition, this study relied on forced metaphors (e.g., asking participants to compare the pandemic with an animal and with a color). Communication scholars interested in accessing deeply held emotions could also valuably examine participants' ideographic organically emergent metaphors (Grant & Oswick, 1996). Future research taking this approach might also consider how more functional metaphors could be incorporated into strategic, effective, and compassionate health messaging to improve public health communication.

Conclusion

This qualitative study provides insight into people's lived experiences of the COVID-19 pandemic. By sharing and reflecting on metaphors related to the pandemic, participants articulated deeply felt, implicit emotions about their pandemic experiences. Metaphors can serve to document collective emotions associated with collective traumatic experiences that unfold in real time. This study revealed four convergent mental models of participants' pandemic experiences (i.e., uncertainty, danger, grotesque, and misery) as well as four primary associated emotions (i.e., grief, disgust, anger, and fear). Our findings suggest that these mental models and emotions influence participants' health beliefs and behavior. Consequently, these findings suggest necessary reforms to health messaging and practitioner recommendations during traumatic events.

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Notes

1. Although the research team took care to include a diverse range of perspectives, we were also mindful of potential exploitation of study recruitment during times of heightened trauma, morbidity, and mortality that disproportionately affects populations at various intersections of difference (e.g., race, class, gender, sexuality, ability). Considering the early stages of the pandemic in which we started recruiting participants, we made the choice of looking to our relational networks for recruitment so that we could proceed with data collection as ethically and efficiently as possible. Certainly, future research would benefit from examining how metaphors and mental models span based on greater diversity in perspectives and experiences than those captured in this study.
2. We, the authors, acknowledge that several of participants' interpretations in the sections on *grief*, *disgust*, and *fear* can be perceived as anti-Black. While data collection for this project was completed before mass protests against anti-Black racism burgeoned across the world in response to the police murdering of George Floyd and countless other Black lives lost as a result of U.S. state violence, anti-Blackness in the United States is far from a "new" issue and thus can have a significant influence on color symbolism. We ask that readers keep this in mind while moving through these sections.

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