# Pandemics, Health Behaviors, and Human Circumstances Behind Failures in Primary Prevention: A Narrative Review

## ABSTRACT

**Aims:** We aimed to extract from the relevant literature the psychosocial and philosophical aspects of pandemic dissemination and prevention. We examined why individuals have not supported primary prevention during pandemics (AIDS/COVID-19) and what the underlying cognitive biases are in refusing to protect self and others during transmissible diseases, despite being aware of the risks.

**Study Design:** The current study represents a narrative review of salient literature on the topic. We also condensed our previous research on the topic and integrated it with the current literature on pandemic psychology and philosophy .

**Methodology:** The methodology is a narrative review. We used ours and other authors’ research to craft a unitary and exploratory model for understanding pandemics’ prevention and health behaviors.

**Conclusion:** The current literature and our research show that pandemic prevention is not always endorsed by part of the population due to underlying cognitive, emotional, and environmental factors. Our findings reveal that primary prevention of pandemics needs further understanding of peoples’ motives and reasons for declining to adopt measures to protect themselves.

*Keywords: Pandemics; Cognition; Health Behaviors; AIDS; COVID-19; Psychology; Philosophy.*

**1. INTRODUCTION**

The psychological elements that are indicated in the spread of pandemics are examined in the present chapter. We will summarise the results of our study to demonstrate the social and psychological factors contributing to the decrease in primary prevention during pandemics (AIDS/COVID-19). The Social Ecological and Health Belief Model serve as the intellectual foundation and overarching subject. We shall examine why individuals have not supported primary prevention and are influenced by cognitive biases in refusing to protect themselves and others during transmissible diseases, despite being aware of the risk behaviours, transmission channels, and health effects of these diseases. To explain why some people choose not to protect themselves and others during pandemics due to factors including impulsivity, irrationality, and optimistic cognitive biases, we will combine a number of psychosocial theories.

**1.1 Group dynamics and cognitive biases in the perception of pandemic risk and health behaviour**

Pandemics like COVID-19 have brought significant attention to the cognitive mechanisms influencing how people and groups perceive health hazards. It is essential to comprehend how cognitive biases might result in either an overestimation of one’s own ability to prevent contagion or a reduction in the possible risks offered by infectious agents. Social dynamics, especially peer pressure, which may have a big impact on individual health behaviours, exacerbate these cognitive distortions. A sophisticated framework for examining behaviour during pandemics, especially when illnesses like COVID-19 and AIDS are present, is produced by the interaction between individual cognition and social norms. In the context of infectious disease epidemics, this chapter examines how personal cognitive biases and social pressures might influence people’s health-related behaviours and attitudes.

**1.2 Cognitive Biases Impacting Perception of Health Risk**

People’s perceptions of the hazards connected with infectious illnesses are greatly influenced by cognitive biases, which are characterised as regular patterns of divergence from the norm or rationality in judgement. The optimism bias, which holds that people believe they are less likely than others to suffer a negative occurrence, is one common prejudice (Weinstein, 1980). This might result in an overestimation of one’s capacity to avoid infection during pandemics. According to studies conducted during the COVID-19 pandemic, many people thought they were less likely than the general population to have the virus (Betsch et al., 2020).

The availability heuristic, in which people judge the likelihood of an occurrence by how quickly examples can be recalled, is another relevant cognitive bias (Tversky and Kahneman, 1973). A person may have a distorted sense of their susceptibility, for example, if they often read news reports about COVID-19 instances but have neither been unwell themselves nor seen serious consequences (Fletcher and Rauscher, 2021). Because individuals think their odds of being infected are low, they could undervalue the dangers posed by the virus. This was particularly evident during the early phases of the COVID-19 epidemic, when many people disregarded public health recommendations and blamed the dangers on improbable or remote events.

Confirmation bias is a similar phenomenon that occurs when people ignore information that contradicts their preexisting opinions while favouring information that supports them (Klayman, 1995; Peters, 2011). People who thought the virus was not as bad as it was stated during the COVID-19 pandemic often looked for media that confirmed this belief, which solidified their preconceptions and could have caused them to act recklessly (Liu et al., 2020).

**1.3 The Function of Group Pressure and Social Influence**

Social factors often support or contradict cognitive biases; thus, they do not function in a vacuum. Peer pressure has a big impact on health behaviours, especially during epidemics when group norms may not align with accepted public health guidelines. According to research, people are more prone to follow their friends’ lead even when doing so puts their health at risk (Cialdini & Trost, 1998).

Adherence to safety precautions like mask-wearing and social separation became contentious during the COVID-19 pandemic due to group dynamics. People who belonged to groups that minimised the virus’s seriousness often showed a group resistance to official directives (Hale et al., 2020). This phenomenon exemplifies the idea of social contagion, which states that attitudes and behaviours propagate via social networks in a manner similar to how infectious illnesses spread (Bikhchandani, Hirshleifer, & Welch, 1992).

Furthermore, even when group norms conflict with public health recommendations, the demand for social belonging may force people to change their health-related behaviours to conform to them. Peer pressure, for instance, caused young people to prioritise social events above safety precautions during the Covid-19 epidemic, which raised the risk of transmission among this group (Anson & Eritsyan, 2023). The delicate balance between individual cognition and group influence is highlighted by the fact that the need to preserve social relationships might take precedence over logical risk evaluation.

**1.4 Comprehending Individual Health Practices via Social Psychology**

Understanding individual health behaviours is made difficult by the interaction of social dynamics and cognitive biases. Social psychology sheds important light on how peer pressure may trump individual convictions, especially when it comes to making decisions about one’s health. According to the idea of planned behaviour, attitudes, perceived behavioural control, and subjective standards all influence behavioural intentions (Ajzen, 1991).

People may have favourable opinions about preventative measures (such as using masks) during pandemics. However, if the subjective standards in their social circles do not accept these behaviours, the chance of partaking in them decreases. This disparity was evident during the COVID-19 pandemic, when many people who agreed that preventative measures were important chose not to take them because they feared social rejection (Gollust et al., 2020).

Additionally, public health activities may be affected by the bystander effect, which states that people are less inclined to assist victims when others are around (Darley and Latane, 1968). Because of a dispersion of responsibility, individuals may feel less motivated to take action in the case of infectious illnesses if they believe that others are not taking the required measures. This might make public health issues worse during a crisis.

**1.5 Implications for Strategies in Public Health**

Developing successful public health policies requires an understanding of the influence of social dynamics and cognitive biases. To promote more realistic risk perceptions and increase adherence to health standards, interventions must target these psychological variables. Cognitive biases may be lessened, for example, by improving public communication to combat false information and provide accurate, concise information (Sehl, 2024).

Putting social influence tactics into practice that capitalise on constructive peer pressure might also have great results. Prominent people or leaders in the community upholding safety protocols may establish a standard that inspires others to do the same (Austin and Harkins, 2003). Young people who have already been recognised as being resistant to public health messaging may benefit most from such programs.

Furthermore, creating settings that prioritise group accountability may aid in bridging the gap between individual thought and collective behaviour. Promoting shared responsibility and community cohesion in health practices may change how people see their own risk and inspire preventative health actions, which will eventually improve the management of infectious disease outbreaks.

**1.6 Health Practices and Attachment Types**

People who had a stable connection as children and in the years that followed placed high values on everyone who subsequently represented authoritative figures with caregiving responsibilities (e.g., public health officials) Lazzari & Masino, 2015). These individuals are more inclined to take health and preventative messages from medical experts as protective as they are firmly bonded and trusting of others. "I take care of myself as others have taken care of me" is the internalised message (Lazzari & Masino, 2015).

On the other hand, a child or teenager who has experienced an anxious-avoidant attachment style struggles throughout their life to maintain their health because they lack the necessary confidence in people who carry out their caring, authoritative, and health-protecting roles: "I do not take care of myself because no one has ever taken care of me" is the internalised message (Lazzari and Masino, 2015). The influence of early childhood development on health behaviour throughout human development will be examined in the next chapter.

**1.7 Pandemics’ effects on society**

It is crucial to take into account people’s psychological and emotional health during pandemics as they go through unpredictable and trying periods. During pandemics, the following ontological features of humans may be pertinent:

1. Fear and anxiety: Concerns about one’s own health, the health of those one loves, and the pandemic’s overall effects on one’s life might cause people to feel more fearful and anxious (Lazzari et al., 1995).

2. Isolation and loneliness: People who live alone or are unable to physically contact with people may experience emotions of loneliness and isolation as a result of social distancing techniques (Lazzari et al., 1995; 2024).

3. Coping strategies: To cope with stress and uncertainty, people may use a variety of coping strategies, such as mindfulness exercises, hobby pursuits, or asking friends and family for assistance (Lazzari et al., 1995).

4. In the face of hardship, many individuals exhibit resilience and adaptation by figuring out how to cope with the new situations and difficulties brought on by the pandemic (Lazzari et al., 1995).

5. Introspection and reflection: Some people may use this period to consider their values, priorities, and objectives, which may result in personal development and self-discovery (Lazzari et al., 1995).

All things considered, comprehending and treating the ontological facets of man during pandemics may assist people in overcoming these trying times, encourage a feeling of community and connection, and improve mental health and well-being.

**1.8 Conclusion**

Individual views and social dynamics have a complex interaction, which is shown by the cognitive factors that increase the likelihood of pandemic transmission. Peer pressure and social norms may have a big impact on health behaviours, and cognitive biases such confirmation bias, availability heuristic, and optimism bias can skew risk estimates. Public health programs that seek to improve adherence to preventative measures during pandemics must comprehend these connections.

In order to prevent the spread of illnesses like COVID-19 and AIDS, effective measures must address both societal and individual psychological issues. Public health officials may cultivate an educated populace that can effectively navigate the intricacies of health hazards during a pandemic by relying on insights from cognitive psychology and social influence.

**2. Human Nature, Ontology, and Pandemics**

**2.1 The characteristics of ontology**

According to the Cambridge Dictionary Online (2024c), ontology is the science or study of existence and the nature of reality. An individual’s perception of what makes a reality is reflected in their ontology, which is a system of beliefs. The study of being in general and its relationship to what we perceive as reality is known as ontology (Simons, 1998).

This fundamental tenet of philosophy condenses both our qualitative and quantitative studies. Pragmatism holds that a phenomenon’s significance comes from its impact on the outside world rather than from its inherent qualities (Williams, 2016). We cannot claim to know anything outside of experience since the emphasis is on the real-world impact that an item, activity, or idea has (Williams, 2016). A pragmatic approach to pandemic prevention, based on the ontological notion of a particular character of man during diffusible diseases and prevention, would be suggested by a practical examination of our study.

Despite being aware of the hazards to themselves and others, not everyone may respond logically or support pandemic prevention, as may be inferred from our earlier study (Lazzari and Costigliola, 1993). We will contend that the idea of irrationality, which is defined as "the fact of not using reason or clear thinking" (Cambridge Dictionary, 2024a,b), is in dynamic conflict with the current definition of rationality, which is "the quality of being based on clear thought and reason, or making decisions based on clear thought and reason" (Cambridge Dictionary, 2025).

The irrationality argument is supported by the fact that some individuals who experience pandemics and infectious diseases take preventative action "after risky behaviours." Emotions drive behaviour before risk assessment or cognitive evaluation in inverted rationality. In this instance, emotions override reason to the harm of health and self-preservation practices as well as the enhancement of individual well-being (Lazzari et al., 1994).

Numerous variables impact human and societal behaviours during complex pandemics, resulting in varying levels of adherence to basic preventative strategies. People often struggle to strike a balance between public health guidelines and their own personal views, emotional reactions, and societal standards during pandemics. Individual and group, individual emotions and collective emotions, and individual reason and group rationality are all in a delicate and dynamic balance, and the results of these balances will influence preventative behaviours (Lazzari et al., 1994).

According to some research, some psychological factors, such social identity and perceived danger, may either encourage or discourage people from taking preventative action (Trifiletti et al., 2022). For example, people may be more inclined to take preventative actions like vaccination or social separation if they believe that an infectious illness poses a serious danger to them. If they are a part of a social group that minimises the intensity of the sickness, on the other hand, the reverse happens. Their decision-making could then be influenced to non-compliance, illustrating how social contagion and group dynamics impact behaviours connected to health (Cohen et al., 2021).

As Prof Borlotti (2015) from University of Birmingham suggests people are thought to be irrational when they make poor decisions due to factors such as impulsivity, a lack of self-knowledge and limits in understanding, and pride. The 'reason,' which strives to wisdom and knowledge, the 'spirit,' which aspires to honour, and the 'appetite,' which aspires to personal gain, are the three components of the soul that Plato outlines in the Republic (Borlotti, 2015). In most cases, an irrational individual would behave in a manner that is affected by his or her fundamental impulses that are centered on the self (Borlotti, 2015).

We would define as people’s irrational health behaviour during pandemic as any behaviours which either favour or increase the personal risk of acquiring an infectious or transmissible illness although possessing knowledge and awareness of the illnesses, the consequences on self and the likelihood of being contagious. This concept aligns with what in medicine is called capacity assessment which entails the competence of understanding what the risk is (cognitive aspect), retaining the information about the condition at risk (memorising the information long enough to be used when possible), weighing pros of the own decisions (being a conscious persons who is able to clearly describe what could happen if the risk assessment continues), communicating the own decision to others (e.g., health carers) (Care Learning, 2024). Each of these stages can be altered hence leading to incomplete capacity or prevention during pandemics (see Figure 1).

**Figure. 1. The four-helix capacity assessment of risks as from the mental health practice.**

However, in severe situations, people may have a catastrophic response and consider ending their own or their loved one’s life if they feel too much at danger and think they are facing the inevitable (Lazzari et al., 2020). Furthermore, during pandemics, emotional variables play a critical role in influencing choices about health. Fear, worry, and a feeling of powerlessness might cause avoidance behaviours or increased alertness, which can affect compliance with infection prevention measures (Kumar and Preetha, 2018).

On the other hand, those who struggle with trust, poor self-esteem, and an external locus of control are more likely to be fatalists, thinking that they cannot control fate (infections) and that their efforts will not be successful in reaching their objectives. Furthermore, positive reinforcement and false information about health habits are often spread via interpersonal interactions. For example, people may be more inclined to comply if they hear encouraging words from friends and family on the value of vaccinations (Van Bavel et al., 2020). Collective attempts to stop the transmission of infectious illnesses, however, may be hampered by unfavourable impacts from intimate connections who disseminate doubt about vaccinations and other preventative measures (Van Bavel et al., 2020).

People’s choices to employ prevention during pandemics may be influenced by strong role models. Role models may sometimes be more beneficial but also more harmful when individuals are unsure of their path of action and exhibit cognitive reluctance about healthy practices. These intricate relationships highlight how important it is to take into account a variety of psychological and social factors when developing treatments meant to encourage healthy habits during widespread pandemics.

**2.2 Role modelling during pandemics**

Strong role models’ presence and behaviour during pandemics have a big impact on people’s choices to take preventative action. Public health authorities, celebrities, local community leaders, and family members are a few examples of these role models. Their impact is dual-edged, nevertheless, particularly when people exhibit cognitive reluctance and doubts about healthy behaviours and their effects.

In public health communication, role models are essential because they often serve as a bridge between the public and scientific communities. They assist in converting difficult health information into relevant and easily understood material, which may encourage increased adherence to advised preventative actions (Bandura, 2001). Public leaders like Dr. Anthony Fauci, for example, had a crucial role in directing public behaviour during the COVID-19 pandemic by using consistent and unambiguous communications (Centres for Disease Control and Prevention, 2020).

However, the efficacy of role models is not always guaranteed and may even work against them in some situations. The beneficial effects of role models may be compromised by cognitive hesitation, which is the unwillingness or delay in embracing and internalising scientific knowledge because of distrust or doubt (Rosenstock, Strecher, and Becker, 1994). Misinformation and contradicting statements from ostensibly authoritative people can make this reluctance worse. When role models spread false information, it may exacerbate preexisting scepticism and encourage unhealthy habits.

For instance, conflicting statements from different political figures about the seriousness of the virus and the effectiveness of masks during the early phases of the COVID-19 pandemic caused uncertainty and non-compliance (World Health Organisation, 2020). When people get contradicting information from reliable sources, it may cause cognitive dissonance, which makes them stressed and more likely to selectively follow rules that support their preconceived notions (Festinger, 1957). This occurrence demonstrates how, when their messages are contradictory or out of alignment, the same role models who are supposed to promote healthy behaviour may inadvertently exacerbate public health issues.

Furthermore, the social and psychological processes that underlie role models’ effect are intricate. According to the social learning theory, people pick up behaviours by watching and copying others (Bandura, 1977). In the case of a pandemic, if a prominent person promotes preventative measures like vaccination or mask wearing, their followers are likely to follow this costume. On the other hand, followers may take on similar attitudes and actions if a role model displays skepticism or disregards health precautions. One prominent example is the anti-vaccination propaganda spread by some celebrities, which has significantly harmed public health and vaccination rates (Dubé et al., 2013).

The credibility and visibility of individuals with scientific knowledge must be increased in order to lessen the negative consequences of deceptive role models. Clear, consistent, and evidence-based messaging should be the main focus of public health initiatives, and they should include reputable role models who are capable of successfully communicating these themes. Furthermore, it is critical to address the underlying reasons of cognitive reluctance, such as institutional distrust and a lack of knowledge about scientific procedures (Lewandowsky, Ecker & Cook, 2017). Rebuilding trust and ensuring the wider adoption of preventative behaviours may be achieved via community engagement and open communication.

In conclusion, people’s choices to take preventative actions during pandemics are significantly influenced by strong role models. Although they may promote healthy habits, they can also have a negative impact if they spread false information, particularly to those who are cognitively hesitant. Improving public compliance with preventative measures requires addressing the root causes of cognitive reluctance and making ensuring that role models provide consistent, evidence-based information.

**2.3 Solipsism**

People’s increasing social isolation during pandemic lockdowns might sometimes exacerbate solipsism and decrease collateral information for illness prevention. According to solipsism, the self is the sole object that exists and can only know its variations (Merriam-Webster Dictionary, 2024). In philosophy, solipsism is a severe kind of subjective idealism that rejects the concept that the human mind has any reason to believe in anything other than itself (The Editors of Encyclopaedia Britannica, 2024c).

We have shown that during pandemics, individuals may challenge their personal behaviours with the public’s view of risk, prevention, and health. Because of solipsism, cognition may be largely focused on what one perceives to be true, health behaviours may not align with what policymakers want for primary prevention if solipsism is prevalent.

A fascinating perspective through which to view human behaviour during crises, particularly pandemics, is provided by solipsism, a philosophical theory that holds that a person thinks that their mind is the only thing that exists or that has true knowledge. Fundamentally, solipsism holds that knowledge of anything outside of one’s head is ambiguous and that an individual’s self is the only thing that exists (Merriam-Webster, 2024).

This theory poses important concerns about how people’s perceptions of risk relate to—or don’t relate to—public health programs that focus on primary prevention. Effective public health measures may be hampered by the prevalence of solipsism, which has been shown throughout previous global health crises to cause differences between the goals of policymakers and individual health behaviours.

People often depend significantly on their beliefs, experiences, and perceptions when making judgements about their health during pandemics. People prioritise their risk assessments based on incomplete information because personal experience is more immediate than group knowledge (Pettigrew et al., 2020). When dealing with a new virus, like COVID-19, this tendency might be very troublesome. Many people’s subjective perceptions of danger, which are influenced by social factors, emotions, and prejudices, might differ greatly from empirical data or public health recommendations (Lazzari et al., 1995).

The way people evaluate their susceptibility to health risks reflects the idea of solipsism. The emotional state has a significant impact on cognitive processing during times of stress (Leventhal et al., 2001). Healthy people may unwittingly downplay the seriousness of a pandemic, seeing health officials’ advice as exaggerated or erroneous. One well-known instance occurred in the early stages of the COVID-19 epidemic, when people’s compliance with safety precautions including mask wearing and social separation varied greatly. The solipsistic viewpoint that puts individual beliefs ahead of common knowledge was well embodied by those who believed they were not at danger, who often ignored the shared duty that accompanies public health recommendations (Lazzari & Rabottini, 2020).

Furthermore, solipsism may appear on social networking sites, where false information and personal accounts are common. During pandemics, social media can provide a platform for both factual information and conspiracy theories throughout the epidemic, producing a glamour of voices that further obfuscates objective risk assessment (Cinelli et al., 2020). Many people tended to reject authoritative sources and instead flock towards echo chambers, which reinforced their preconceived notions. A fragmented view of health behaviours that undercuts public health initiatives is the outcome of this phenomena, which reflects the solipsistic propensity to trust one’s own judgement above established recommendations.

Furthermore, the psychological effects of extended seclusion during lockdowns intensified the tendency towards individualism (solipsism). According to research, loneliness may cause anxiety to increase and one’s thinking to become more self-centred (Cacioppo and Cacioppo, 2014). The emphasis on personal well-being increased with isolation, which may have contributed to a greater propensity to put one’s own comfort and fear ahead of the general welfare. As a result, this inward emphasis influences compliance with public health measures intended to slow the spread of disease, making the coordinated response required for primary prevention more difficult.

The solipsistic inclinations of people navigating risk perception provide a challenge to public health authorities and policymakers. Misinformation and the deeply ingrained character of personal experience are the main causes of the discrepancy between desired and actual health behaviours. For instance, during vaccination campaigns, some people refused immunisation because of personal convictions or anecdotal experiences that went against the consensus of science, even though there was abundant data to support the effectiveness of the COVID-19 vaccine (Schmid et al., 2017). These choices demonstrate how solipsism might impair one’s capacity to consider public health recommendations from a wider perspective that takes communal welfare into account.

Policymakers must create communication techniques that respect individual perspectives while encouraging group action in order to close the gap between individual behaviours and public health objectives. Solipsistic inclinations may be resisted by educational programs that highlight common experiences and build communal relationships. The advantages of compliance and the promotion of social responsibility should be the main themes of public health communications, helping people understand how their activities affect other people. It is feasible to lessen the impacts of solipsism and improve adherence to primary preventative techniques by fostering an atmosphere that prioritises interdependence.

To sum up, solipsism has a big impact on how people see and react to hazards during pandemics. As shown by differing adherence to health recommendations, the propensity to prioritise individual experience above group knowledge presents difficulties for public health initiatives. Multifaceted strategies that include community involvement, education, and open communication from health authorities are needed to address the effects of solipsism. Only by encouraging a feeling of shared responsibility can we bring individual behaviours into line with public health goals, helping to create primary preventive methods that will be more successful in future health emergencies.

**2.4 Pandemics and society**

We created a four-helix stage for our healthcare model, whereby the dynamics of the self and others, as well as illogical solipsism, impact health behaviours, illness prevention, and biassed rationality during pandemic outbreaks (see Table 1).

**Table 1. The quadruplex helix in my healthcare social model**

|  |  |  |
| --- | --- | --- |
| Social stage | Health beliefs | Health behaviour |
| Micro: Solipsism, Individual | “What I believe is true and if something is conflicting, that is not true” | Unhealthy health behaviour: cognitive bias of the personal immunity |
| Meso: The rigid couple | “What we believe is true and we can share our knowledge” | Possible folie a dua, shared knowledge or distancing where the influential partner defines what is true in health |
| Macro: The group | “What we believe might conflict with our surrounding culture. Our ‘generation’’ | Group norms and peer influence defines what is healthy or not in that culture (e.g., ‘Only weak people wear COVID–19 mask’) |
| Mega: The extended culture | “Our nation is immune to illnesses which affect only ‘corrupted countries’’ | A region or nation. Shared health beliefs are vulnerable to local propaganda’ |

The cognitive biases are the cognitive counterparts of these existential stances. Because subjective reality affects how individuals see and understand reality, cognitive biases are systemic defects in thinking about the world that are difficult to avoid and lead to subjective misinterpretations of objective facts (Eldidgre, 2024).

**3. The Philosophical and Existential Consequences of Pandemics for Humanity**

**3.1 Existential aspects of pandemics**

Pandemics have traditionally caused people and communities to contemplate deeply on existential and philosophical issues. The normality of existence has been disturbed by pandemics like the Spanish flu, COVID-19, and the Black Death, forcing people to face basic existential issues (citation). These incidents compel us to consider the meanings we ascribe to life, the fundamental philosophical issues surrounding our interconnection, fragility, and purpose. We now wish to investigate the existential and philosophical ramifications of pandemics on humanity, looking at the themes that surface and how they influence people’s viewpoints.

The philosophical philosophy known as existentialism, which explains how meaning is created in an uncaring or even absurd reality, has significant resonance in the setting of pandemics (Sartre, 2007). As people struggle with the temporality of life, the abrupt start and broad effects of pandemics put death to the forefront of human awareness. Pandemics expose the existential fragility that permeates all aspects of our life due to the constant presence of death, disease, and pain (Camus, 1948).

As Heidegger (1962) examined in his groundbreaking book Being and Time, the fundamental dread of death and the ensuing anxiety are among the main existential issues that surface during pandemics. Heidegger contends that facing one’s death results in a genuine understanding of one’s own existence. People are forced to reevaluate their objectives, values, and the veracity of their lived experiences when they confront the certainty of death. People who experience existential dread brought on by a pandemic are forced to leave their normal comfort zones and re-examine their sense of meaning and purpose in life (Heidegger, 1962).

Additional understanding of the existential reaction to pandemics may be gained from Søren Kierkegaard’s theory of the leap of faith. According to Kierkegaard, a subjective commitment to meaning via faith and personal choice is necessary due to life’s intrinsic uncertainty and unpredictability (Kierkegaard, 1980). People are often compelled to turn to religion, spirituality, or other types of metaphysical certainty for comfort when faced with the turmoil of pandemics. In the face of pandemic chaos, such leaps of faith provide existential stability, allowing people to find purpose in spite of the seeming folly of their situation (Kierkegaard, 1980).

**3.2 Social isolation and the individual**

The effects of social isolation and the pursuit of authenticity are another important issue. The concept that people define meaning by their decisions and deeds is highlighted by Sartre’s (1943) theory that existence comes before essence. Social norms are upset during pandemics by enforced quarantines and social isolation, which forces people to find new ways to express themselves and connect with society. People may become more self-aware as a result of this crisis-induced seclusion, asking themselves whether their lives before the epidemic were meaningful (Sartre, 1943).

**3.3 Pandemics and ethics**

Pandemics also show how intertwined human life is. The rapid spread of illnesses around the world highlights how vulnerable all people are, despite differences in geography, culture, and economic status (Harari, 2016). This connection highlights the need for cooperation and social responsibility while challenging the individualistic mindset that permeates many modern countries. Coordinated efforts are necessary for pandemic reactions, highlighting the need of empathy, compassion, and support amongst people in maintaining human life (Harari, 2016).

According to Albert Camus’s writings, the philosophical ramifications of pandemics also include ideas of absurdity. Camus (1948) illustrates the existential absurdity of facing an uncaring world via a fake pandemic in The Plague. The absurdist view that existence has no intrinsic purpose is reflected in the randomness of pandemics, which occur regardless of human aim or morality. Camus, however, argues that by accepting this absurdity, people are empowered to create meanings and express resistance via fortitude and unity (Camus, 1948).

Crucially, pandemics force us to reevaluate our ethical foundations. Significant ethical conundrums are brought up by the allocation of healthcare resources, choices about public health initiatives, and striking a balance between individual liberties and public safety (Jonas, 1974). In The Imperative of Responsibility, published in 1974, Hans Jonas makes the case for an ethics of responsibility that takes into account the long-term effects of human behaviour. Ethical issues during pandemics need to go beyond the present situation and examine the wider ramifications for future generations and the sustainability of human existence (Jonas, 1974).

**3.4 Pandemics meanings**

Pandemics also make people think about the illusions of control and the frailty of contemporary civilisation. In Discipline and Punish (1975), Michel Foucault explores how biopolitics—systems that manipulate people via monitoring and intervention—are used by institutions of power to govern society. The inadequacies of these systems are made clear by pandemics, which also highlight the fragility of social institutions and the unpredictable character of the natural world. These insights cast doubt on the anthropocentric notion of human superiority and demand a more modest recognition of our interconnectedness with nature (Foucault, 1975).

In the middle of these existential concerns, Viktor Frankl’s idea of logotherapy provides a moving viewpoint on how to find purpose in hardship. According to Frankl (2006), even in the most terrible situations, people may find purpose in suffering. Because of their severe interruptions, pandemics provide people the chance to reevaluate their goals and take part in resilient, creative, and selfless deeds. This quest for purpose turns into a crucial coping strategy that helps people get beyond the current tragedies and advance society (Frankl, 2006).

The conflict between individuality and collectivism is further highlighted by pandemics. As communities struggle with lockdowns, mask laws, and vaccination campaigns, the dialectic between individual liberties and the welfare of the community is sharply highlighted. The contradiction of individual liberty within a common social compact is shown by the collaborative effort needed to battle pandemics (Rawls, 1971). The fair allocation of resources and individual rights are balanced in John Rawls’ theory of justice, which highlights the need of social cooperation in upholding justice and fairness (Rawls, 1971). This equilibrium is essential for building trust and promoting group resilience during pandemics.

**3.5 Conclusions**

To sum up, pandemics are significant occurrences that spark existential and philosophical questions about the essence of human life, the pursuit of meaning, and the moral implications of our deeds. Key themes that surface during these crises include facing death, pondering life’s absurdities, pursuing authenticity, realising interconnection, and reassessing ethical frameworks. A framework for comprehending the human condition in the midst of pandemics is offered by the insights drawn from existentialist and philosophical viewpoints, emphasising our resiliency, camaraderie, and ongoing search for meaning in an uncertain environment.

**4. PANDEMICS, meanings and meaninglessness: Fatalism**

**4.1 The role of fatalism**

During pandemics, people’s perspective on life determines whether they experience existential distress or disregard. Fatalism is the belief that one cannot prevent bad things from happening or alter the course of events (Cambridge Dictionary, 2025).

According to our study, existential success and crises are intimately linked to people’s attitude on life; losses are indicative of a more fatalist outlook and, indirectly, give birth to the conviction that no matter what we do, we will always be miserable and fail. Therefore, despair, fatalism, and a decrease in health-related behaviour are closely related. They are all connected to fatalist health practices. What, therefore, are the psychological and intellectual underpinnings of fatalism? In a similar vein, individuals confronted with the threat of infectious pandemics reevaluate their existential objectives and choose to live either slowly and confidently or rapidly and fatalistically in order to maintain their health.

**4.2 Philosophical and Psychological Views on Fatalism**

Fatalism, the idea that things are predetermined and that people cannot alter them, has a significant impact on how people see the world. A person’s mental state may be influenced by this viewpoint, which may result in depression and a reduction in healthy behaviour. The philosophical and psychological underpinnings of fatalism are examined in this chapter, along with how they interact with existential crises or success and always impact a person’s wellbeing.

The foundation of fatalism is a deterministic worldview. Determinism was first proposed by ancient Greek philosophers like Aristotle, who maintained that all actions and occurrences are determined by natural rules and by earlier events (Bobzien, 1999). This point of view suggests that free will is a myth and that everything that occurs is predestined. This deterministic perspective persisted in contemporary philosophy with thinkers such as Spinoza, who maintained that everything happens because of the need of divine nature (Nadler, 2001).

Existentialist philosophy may be used to analyse the relationship between existential crises and fatalism. Existentialists like Jean-Paul Sartre maintained that even in a deterministic environment, people may make choices that give their lives significance (Flynn, 2006). However, the burden of duty that accompanies this innate freedom often results in existential discomfort. People may adopt a fatalistic perspective and accept the idea that their efforts are pointless when they are unable to find significance in their lives or experience ongoing losses. When people fool themselves into thinking they have no control over their acts and results, it might result in what Sartre called ill faith (Sartre, 1943).

In terms of psychology, Martin Seligman’s theory of learnt helplessness sheds light on how fatalism might arise in people. When people frequently encounter uncontrolled negative situations, they develop learnt helplessness, which makes them feel powerless to influence future events (Seligman, 1975). This mindset encourages a fatalistic perspective, leading individuals to anticipate negative consequences irrespective of their choices, which exacerbates despair and reduces health-related behaviours. According to research, those who have a more fatalistic mindset are less likely to take preventative care of themselves, which makes health problems worse (Straughan and Seow, 1998).

The connection between sadness and fatalism is especially noteworthy. According to studies, those who hold a fatalistic perspective are more likely to experience depression (Carver et al., 1980). Cognitive theories of depression, such Aaron Beck’s cognitive triad, help explain this association. According to Beck’s theory, depression results from pessimistic ideas about oneself, the outside world, and the future (Beck, 1967). These pessimistic views are strengthened by a fatalistic perspective, which makes people believe that they are essentially imperfect, that the world is unfriendly, and that the future is dark.

**4.3 Social and psychological impact of fatalism**

Furthermore, it is impossible to overlook the social-psychological effects of fatalism. According to Mirowsky and Ross (1983), those who live in socioeconomically challenged environments often have greater degrees of fatalism. This is partially due to the fact that they encounter more unmanageable stresses and have less coping mechanisms, which results in learnt helplessness and a feeling of inevitable events. According to Lachman and Weaver (1998), these people are more prone to smoke, eat poorly, and exercise seldom, all of which may worsen their health.

Fatalistic views are also greatly influenced by culture. A fatalistic viewpoint is ingrained in the social structure of certain societies and is supported by customs or religious beliefs (Schieman et al., 2007). For example, destiny is seen as predestined by karma or supernatural powers in many collectivist societies, which might foster acceptance or resignation towards life’s challenges. This might be consoling, but when confronted with ongoing hardship, it can also deter preventive health behaviours and cause psychological anguish.

**4.4 Conclusion**

To sum up, fatalism is a complex idea with deep philosophical and psychological underpinnings. Fatalism has a significant influence on people’s perspectives on life, originating from deterministic philosophy and manifesting in existential crises and psychological problems such as learnt helplessness. Given the clear connection between fatalism, depression, and healthy behaviour, it is critical to address these attitudes via cultural sensitivity and psychological therapies. People may take charge of their life, enhance their mental well-being, and adopt healthy habits by comprehending and combating fatalistic attitudes.

**5. RATIONAL AND IRRATIONAL HEALTH BEHAVIOURS**

**5.1 Irrationality in health behaviour**

As previously observed, solipsism is consistent with the narratives of skewed beliefs or concepts that follow public awareness throughout the epidemic, where the dichotomy between "knowing what" and "believing what" is continuously present during preventative efforts. Thus, we will put the concepts of irrationalism at the forefront of an ontological characterisation of health behaviours during pandemics. Irrationalism emphasises the aspects of instinct, emotion, and volition as superior to and in opposition to reason, and it has its roots in either metaphysics or an understanding of the uniqueness of the human experience (The Editors of Encyclopaedia Britannica, 2024).

Health practices and information sharing have become more important than ever during the COVID-19 epidemic. Irrationality developed as a lens to analyse these behaviours as societies struggled with ambiguities and differing reactions to health recommendations. Although public health talks are often framed by traditional paradigms of rational decision-making, an examination of irrationalism is necessary to comprehend the ontological nature of health behaviours during a pandemic. Irrationalism challenges conventional ideas of rationality by providing insights into the emotional, instinctive, and will-driven aspects of behaviour. It is rooted in metaphysics and the distinctive human experience.

First, it’s critical to clarify what we mean when we talk about pandemic-related health behaviours. People’s activities about their health are referred to as health behaviours, and they are often impacted by a variety of variables, such as societal norms, knowledge, attitudes, and beliefs. These practices included wearing masks, following public health recommendations, getting vaccinated, and avoiding social situations during the COVID-19 epidemic. The epidemic, however, created a public health emergency and brought to light the shortcomings of conventional reasoning frameworks in attempting to explain why people behave in ways that are contradictory to advised health practices.

According to irrationalism, human behaviour is influenced by instinct, emotion, and subjective experiences rather than only reason (The Editors of Encyclopedia Britannica, 2024). Rationalism, which stresses logical thinking as the main force behind human behaviour, is opposed by this philosophical position. In terms of health behaviours, the pandemic’s instillation of fear, worry, and uncertainty caused many people to act in ways that, from the standpoint of public health, may seem illogical. An example of the power of irrational variables in influencing public health behaviours is the early resistance to adopting mask-wearing or vaccination, which was caused by a variety of emotional reactions, spectacular media narratives, and social pressures (Gollust et al., 2020).

Furthermore, cognitive biases may be used to explain irrational actions during the epidemic. People’s processing of information about the virus was greatly impacted by cognitive biases including optimism bias and confirmation bias. For instance, confirmation bias caused many people to choose information that supported their preconceived notions over information that was scientifically verified about the virus’s transmissibility and severity (Chou et al., 2020). Such judgmental distortions highlight the shortcomings of logical models that presume people would always behave in their own best interests when it comes to healthy behaviours.

**5.2 Irrational health behaviours**

When examining irrational health behaviours during the epidemic, it is impossible to ignore the influence of social and cultural settings. Weick (1995) introduced the idea of communal sensemaking, which emphasises how communities understand events collectively and may result in agreement on illogical viewpoints. For example, conspiracy theories about the origins of COVID-19 were accepted by certain communities, which had a big impact on people’s willingness to follow health advice. Irrational actions are often enmeshed in a larger socio-cultural framework, as shown by these collective interpretations that derive from ingrained cultural narratives and social identities (Pérez et al., 2020).

Additionally, the pandemics triggered a range of emotional reactions that influenced health-related behaviours. Anxiety levels were raised by worries about one’s own and one’s family’s well-being, fear of infection, and economic instability. The Transactional Model of Stress and Coping (Lazarus and Folkman, 1984) states that people would use coping mechanisms that may not be consistent with logical judgement when they feel danger.

This approach explains why some people could disregard rules because they are motivated by their feelings. In addition to having an effect on people’s mental health, the pandemic’s stresses had a big influence on how they made decisions about their health-related behaviours. The intricacies of irrationality make it evident that public health messaging has to change to take into account the psychological and emotional challenges that come with pandemics. Traditional information distribution techniques may not be as successful as those that emphasise empathy, storytelling, and shared narratives (Lazzari et al., 2025). Even in the face of illogical ideas, emotional engagement with others may provide a feeling of understanding and connection, which in turn can motivate healthy behaviours (Sibony et al., 2019).

**5.3 Impact of irrationality on prevention campaings**

Finally, irrationality undermines public health initiatives and creates opportunities for creative methods of encouraging healthy habits. Public health campaigns may customise treatments that speak to people’s experiences by acknowledging the significance of instinctual and emotional factors in decision-making. There is potential to develop more inclusive and successful health promotion initiatives that recognise and address the complex character of human behaviour by incorporating ideas from irrationalism into public health policies.

To sum up, the COVID-19 pandemic has brought to light the shortcomings of conventional logical frameworks for comprehending health-related behaviours. Irrationalism offers a convincing framework for examining the nuanced reasons underlying people’s health decisions during this crisis since it maintains that instinct, emotion, and will are more important than reason. Developing successful public health solutions that speak to people’s lived experiences requires an understanding of how cognitive biases, social circumstances, and emotional reactions interact. In order to promote more resilient and responsive health behaviours across a range of groups, it will be essential to embrace the insights of irrationalism as we negotiate future public health concerns.

**6. CRITICAL INCIDENT ANALYSIS**

**6.1 Important pandemic occurrences**

A "crisis is a critical threat to the health, safety, security, or wellbeing of a community, usually over a wide area," according to the World Health Organisation (WHO, 2007, p. 7). "Emergency is defined by WHO (2007, 7) as a sudden occurrence that requires immediate action and can be caused by natural disasters, technological catastrophes, epidemics, conflict, or other man-made causes." Similarly, according to WHO (2007, p. 7), a "risk is the probability of harmful consequences, or expected losses (deaths, injuries, property, livelihood, economic activity disrupted, or environment damaged) resulting from interactions between natural or human-induced hazards and vulnerabilities." These events are frequently enough upsetting to overwhelm or threaten to overwhelm a person’s capacity for coping. Most individuals would be deeply shaken by a crucial occurrence, but with the right help, they should be able to bounce back.

According to the authors’ and this chapter’s definition, a critical incident in a pandemic is a situation, action, or event that poses a significant risk of spreading and could have been avoided had the individual in question taken primary preventive steps to lower their risk of contracting a communicable disease, like wearing face masks during COVID-19.

**6.1 fatalities in pandemics**

When we look back on these important events and risky behaviours and their history, we frequently see a series of coincidences and factors that collectively imply that the individuals involved were not paying enough attention and were "light-headed" at those specific times, like having sex with a partner who was at risk or HIV-positive occasionally or attending a social gathering during COVID-19 that could endanger their lives.

Freud’s and other psychoanalysts’ concerns of the unconscious origins of random mistakes and unintentional deaths are useful in these situations, as well as in those of other persons who publicly proclaim themselves reckless of their own safety and lives. In his critical analysis of Freud’s writings, Brenner (1988) noted in his work Psychopathology of Everyday Life that accidents are frequently unintentionally intended to cause harm or loss; these situations are motivated by an unconscious need for a role, sacrifice, or restitution for a previous deed. In some situations, it is also simple to see conflicting impulses, such as those to live in a high-risk environment and those to protect oneself from spreading the disease.

Heterosexuals at risk of contracting a sexually transmitted disease frequently exhibit a spectrum of impulses that attempt to disengage between equal forces but opposite valence, between libidinal drive tension and relaxation, and between immediacy and prediction (Lazzari et al., 1995). Investigating how people behave in response to health emergencies may provide important insights on society dynamics, risk perceptions, and people’s future behaviour. Both the COVID-19 pandemic that started in late 2019 and the AIDS epidemic of the 1980s and 1990s are striking instances of how infectious illnesses may alter interpersonal interactions and personal habits. Despite being aware of the ways that HIV and SARS-CoV-2 are spread, a sizable portion of the population has participated in unsafe social activities.

**6.2 History of pandemics outburst**

Outlining the history of both pandemics is essential to comprehending the phenomena. According to Padilla et al. (2008), the AIDS pandemic began at a time when people were stigmatised and afraid of the virus, which often led to false information and the marginalisation of those who were afflicted. Similar to this, the fast spread of COVID-19 and the early ambiguity around its effects and treatment caused widespread concern when it first started (Morens et al., 2020). Although there was information on the modalities of transmission in both situations, individual behavioural reactions differed greatly.

Denial is a crucial idea that clarifies this disparity. When people reject a fact that threatens their wellbeing or sense of self, they are exhibiting denial. Recognising the potential of HIV or COVID-19-related spreading would require many people to face up to painful realities about their own or society’s susceptibility. According to Goleman (2006), emotional self-regulation might cause people to minimise or reject risks in order to stay in control. This denial often conceals a complicated story that combines fear and optimism. The fear of being sick is also a major concern, and people’s optimistic nature pushes them to seek out social relationships despite the hazards.

Furthermore, as the following vignette demonstrates, optimism bias—a cognitive tendency in which people feel they are less likely than others to encounter unfavourable outcomes—plays a crucial role in influencing behaviours during health crises:

“Thus far, we have not spread HIV among ourselves. Thus, we don’t think we’ll acquire it right now" [a couple with HIV serodiscordant status spotted at our HIV clinics.”

The perilous illusion of invulnerability is fueled by this psychological phenomenon. Many people displayed complacency during the COVID-19 pandemic (or any other transmissible disease), thinking they were resistant to the virus or less likely to get it. They then proceeded to socialise without taking the necessary safety measures. From youthful partygoers to middle-aged people who wanted to maintain their normalcy, even if it meant downplaying the seriousness of the issue, such behaviours were seen in a variety of populations (Van Bavel et al., 2020).

**6.3 The optimism bias**

Beyond personal conduct, denial and optimism bias have an effect on community reactions and public health initiatives. Increases in transmission rates may result from the cumulative impact of large populations participating in risky behaviours, such as going to bars during lockdowns or disregarding safe sex practices (Lazzari et al., 2023). In the early stages of the COVID-19 pandemic, for example, several nations saw spikes in cases linked to parties and gatherings, indicating a collective underestimating of the virus’s deadly potential (Venkatesh & Edirappuli, 2020).

It’s also important to investigate how these cognitive biases interact with interpersonal connections. People often go to their social circles for approval or company, which might unintentionally push individuals to adopt group norms, even when those norms go against accepted health recommendations (Reid, Cialdini, & Aiken, 2010). This phenomenon serves as an example of how group dynamics may override individual risk evaluations and prioritise group goals above individual safety. As a consequence, there is a contradiction where societal pressures take precedence over sound health decision-making despite knowledge of the pathways of transmission:

"No one displayed any symptoms of COVID-19 throughout our celebration with our family friends. We have mutual faith that if someone is sick, they will either notify us or choose not to come.

Examining how social attitudes and policies might address the effects of denial and optimism bias is essential from an ethical perspective. In addition to providing information on the hazards of transmission, public health communicators must address the psychological obstacles that prevent people from internalising this knowledge. A stronger emotional connection and empathy may be developed, leading to safer behaviours, via campaigns that humanise the effects of illnesses like HIV and COVID-19 and highlight the true experiences of people impacted.

In conclusion, a complicated link between knowledge, risk perception, and social participation is shown by the behaviours seen during the COVID-19 and AIDS pandemics. Two powerful factors that might slant both individual and group behaviours away from caution are denial and optimism bias. Developing successful public health initiatives that not only educate but also speak to people’s lived experiences requires an understanding of these psychological processes. Society can reduce the dangers of communicable illnesses and provide better surroundings that support public health protection by closing the information gap and taking action.

**6.4 Conclusions**

Pandemics often prompt a critical analysis of how people behave when faced with possible health risks. In particular, the interaction between societal perceptions of risk and individual choices about health activity becomes more and more important. A disturbing trend emerges from a retrospective study of significant events during previous pandemics: people usually exhibit a lack of focus or a "lightness of mind" towards high-risk behaviours, such as interacting socially with people who are contagious or at risk or breaking social isolation rules. This activity points to a complex link between people’s actions during times of elevated health worry and their cognitive assessment of danger. The purpose of this chapter was to examine how cognitive appraisal functions in evaluating societal and personal dangers during communicable diseases, with an emphasis on how perception may either increase or decrease these risks. Additionally, our philosophical, psychological, and sociological study points to a greater comprehension of human dynamics in the face of pandemic and diffusible disease threats.

In the context of information campaigns aimed at preventing transmissible diseases, the mass media’s characteristics and prevention policies are important, but so are the messages conveyed to the public and the cognitive elaboration of those messages. Any subsequent stage of a campaign to prevent infectious illnesses must be preceded by an analysis of the message’s structure and its actual or anticipated societal effect.

In actuality, it has been seen that although a variety of informational efforts have been and continue to be made to help the public prevent the spread of infectious illnesses, the number of new instances of infected individuals has not always decreased as anticipated. Furthermore, we believe that not much has been done to thoroughly check the message’s grammatical and logical integrity. It is impossible to disentangle this analysis from the accumulation of prior mass media message experiences. and of the target’s psychological assessment of the information that has to be shared.

The present chapter’s goal was to promote primary prevention by illuminating the foundation of health practices. Health behaviours and other preventive measures that help prevent a negative health event from happening to those who do not already have the disease (e.g., COVID-19, AIDS) are included in primary prevention (Jacobsen, 2021).

**7. The Role of Cognitive Appraisal in Personal and Social Risk during Diffusible Illnesses**

**7.1. Cognitive appraisal during pandemics**

The emergence of pandemics often catalyses a critical examination of human behaviour in the face of potential health threats. Particularly, the interplay between personal decisions related to sexual health and social perceptions of risk becomes increasingly significant. A retrospective analysis of critical incidents during past pandemics highlights a troubling pattern: individuals frequently demonstrate a lack of attention or a ‘lightness of mind’ towards high-risk behaviours, such as engaging in sexual relations with occasional partners who may be at risk for HIV or other sexually transmitted infections (STIs). This behavior suggests an intricate relationship between cognitive appraisal of risk and the actions individuals take during periods of heightened health anxiety. This essay seeks to explore the role of cognitive appraisal in assessing personal and social risks during diffusible illnesses, particularly focusing on how perception can lead to either mitigating or exacerbating these risks.

Cognitive appraisal is defined as the process by which individuals evaluate and interpret a situation’s relevance to their well-being. According to Lazarus and Folkman (1984), this appraisal occurs in two stages: primary appraisal and secondary appraisal. In the context of health crises, primary appraisal involves determining whether a situation poses a threat, while secondary appraisal assesses one’s available resources and options for coping with that threat. During pandemics, this cognitive evaluation is influenced not only by personal experiences but also sociocultural factors that shape individual beliefs about risk.

In examining the historical context of pandemics, instances of risky sexual behaviour can be contextualised through cognitive appraisal theories. For example, during the early years of the AIDS epidemic in the 1980s, many individuals perceived a low personal risk of contracting HIV due to misinformation and stigmatisation surrounding the disease. This misunderstanding created a sense of invulnerability, leading some individuals to engage in unsafe sexual practices (Bennett et al., 2010). The same pattern has been observed in more recent health crises, such as the COVID-19 pandemic, where risk perception often fluctuated based on societal narratives, public health messaging, and personal belief systems (Lazzari et al., 2023).

**7.2 Social contagion**

Moreover, the phenomenon of social contagion can complicate the cognitive appraisal process. Social contagion refers to the spread of behaviours, attitudes, and emotions through social networks. When individuals observe peers engaging in risky behaviour without apparent negative consequences, they may recalibrate their own risk appraisals, leading to increased engagement in similar behaviours (Christakis & Fowler, 2007). For instance, if one’s social circle engages in casual sexual relationships despite the pandemic, an individual may adopt a similar mindset, downplaying the associated risks.

This illustrates the potentially detrimental effects of collective risk normalization, especially in the context of sexually transmitted infections. (Lazzari et al., 1996).

The interplay of cognitive appraisal and risk perception is also influenced by emotional responses during periods of heightened anxiety. Anxiety often heightens awareness about potential threats; however, it can also lead to cognitive distortion, where individuals exaggerate or downplay certain risks (Lazzari et al., 1996).

In a survey conducted during the COVID-19 pandemic, respondents reported mixed perceptions of sexual risk, with some perceiving non-monogamous behaviour as less risky than it actually was, partially due to desensitisation to health warnings (Smith et al., 2021). This reflects a critical disconnect between objective information and personal interpretation, which can manifest in behaviours with life-threatening implications.

Importantly, educational interventions addressing cognitive appraisal can significantly alter risk-related behaviours. Health communication strategies that provide clear, factual information and frame risks appropriately can enhance perception of threat and promote protective behaviours. Interventions should aim to address misconceptions about both personal and societal risk levels, encouraging individuals to engage in critical self-reflection about their choices and the potential consequences. Such strategies have shown effectiveness in reducing risky sexual behaviour, demonstrating the power of informed cognitive appraisal in mitigating health risks (Miller et al., 2016).

Additionally, addressing the social determinants of health is crucial for enhancing cognitive appraisal in the context of pandemics. Socioeconomic status, access to healthcare, education, and community support can influence how individuals assess risks. Those with limited access to resources may feel more pressure to engage in risky behaviours due to external factors such as economic instability or lack of support systems. Recognising these disparities is vital in creating equitable health interventions that resonate with diverse populations.

In conclusion, the role of cognitive appraisal in assessing personal and social risk during the dissemination of diffusible illnesses is both complex and critical. Historical precedents illustrate a pattern where individuals fail to adequately recognize the risks associated with their behaviours, particularly in sexual health contexts. Factors such as social contagion, emotional responses to anxiety, and external pressures heavily influence this cognitive process. As seen in various studies, enhancing risk perception through targeted educational initiatives can empower individuals to make informed decisions, ultimately reducing the prevalence of health-threatening behaviours. A comprehensive approach that addresses both cognitive appraisal and the social determinants of health is essential for fostering a well-informed public capable of navigating health crises effectively.

**8. The Link Between the Self and Others in Social Responsibility: Implications During a Pandemic**

**8.1 Social responsibility**

The unprecedented global outbreak of COVID-19 has underscored the critical significance of social responsibility at both individual and collective levels. This essay explores how the pandemic highlights the intrinsic link between the self and others, and how own and others’ health converge in a unified purpose. Social responsibility, deeply ingrained in societal behaviors, proves to be a pivotal element in mitigating the spread of the virus, fostering a reciprocal relationship between individual actions and community welfare.

Social responsibility refers to the ethical framework wherein individuals are accountable for their actions and must contribute positively to the community and the environment (Carroll, 1999). The essence of social responsibility is not only advocating for personal benefits but also considering the impact on others, particularly in public health contexts. During a pandemic, this interconnectedness becomes even more apparent as individual behaviours such as wearing masks, maintaining social distance, and adhering to hygiene practices directly affect public health outcomes.

The concept of prosocial behavior aligns with the idea that personal actions can significantly influence the well-being of others (Piliavin & Charng, 1990). Research indicates that during epidemics, increased awareness of social responsibility correlates with heightened compliance with preventive measures (Van Bavel et al., 2020). For example, studies have shown that individuals who perceive themselves as responsible members of society are more likely to follow health guidelines, thus limiting the virus’s spread and protecting vulnerable populations (Betsch et al., 2020).

**8.2 Empathy**

Pandemics have highlighted the role of empathy in fostering social responsibility. Empathy, the ability to understand and share the feelings of others, significantly enhances the motivation to engage in health-protective behaviors that benefit the community (Batson et al., 2002). Empirical studies suggest that individuals with higher levels of empathy are more likely to engage in behaviors such as mask-wearing and physical distancing, recognizing that these actions protect not just themselves but everyone around them (Pfattheicher et al., 2020).

The reciprocal nature of social responsibility during a pandemic also emphasizes the importance of trust in public institutions and governance. Trust in authorities and compliance with public health directives are crucial for effective pandemic management (Fong et al., 2020). When individuals believe that their leaders are competent and are taking appropriate actions to manage the crisis, they are more likely to cooperate and adhere to recommended behaviours (Siegrist & Zingg, 2014). This trust, in turn, reinforces social cohesion and collective action, creating a virtuous cycle of mutual support and shared responsibility.

However, the discourse on social responsibility must also consider the challenges posed by misinformation and varying cultural attitudes towards authority and individualism. In societies with high individualistic values, balancing personal freedom with collective welfare can be challenging (Markus & Kitayama, 1991). The spread of misinformation further complicates compliance with health directives, undermining efforts to cultivate social responsibility (Pennycook et al., 2020). Therefore, addressing these challenges requires tailored communication strategies that resonate with specific cultural contexts and counteract misinformation effectively.

**8.3 Education**

Education plays a pivotal role in fostering a sense of social responsibility. By integrating social and ethical considerations into educational curricula, individuals can develop a deeper understanding of their impact on society (Reynolds, 1991). Educational programs focusing on the implications of personal and collective actions on public health can cultivate informed citizens who are aware of their responsibilities during health crises. This collective awareness ensures better preparedness and responsiveness in future pandemics.

**4. Conclusion**

In conclusion, the observed behaviors during the AIDS and COVID-19 pandemics reveal a complex relationship between knowledge, risk perception, and social engagement. Denial and optimism bias emerge as potent forces that can skew individual and collective behaviors away from prudence. Understanding these psychological dynamics is essential for developing effective public health interventions that not only inform but also resonate with the lived experiences of individuals. By bridging the gap between knowledge and action, society can mitigate the risks associated with transmissible diseases and foster healthier environments conducive to safeguarding public health.

Furthermore, the interplay between these cognitive biases and social relationships warrants exploration. Individuals often seek companionship or validation within their social circles, which may inadvertently pressure them into conforming to group behaviours—even when those behaviours contradict established health guidelines (Engelmann et al., 2021). This phenomenon illustrates how communal dynamics can eclipse individual risk assessments, placing collective desires above personal safety. The result is a paradox where awareness of the modes of transmission exists, yet social imperatives overshadow rational decision-making regarding health.

Public health communications must thus not only disseminate information regarding transmission risks but also tackle the psychological barriers that hinder individuals from internalizing this information. Campaigns that humanise the impact of diseases like HIV and COVID-19 and spotlight real stories of those affected may cultivate a deeper emotional connection and foster empathy, encouraging safer practices.

**Consent**

No patient consent was needed for this narrative review.

**Ethical approval**

The manuscript is a theoretical paper and did not need ethical approval

**Definitions, Acronyms, Abbreviations**

**Term:** HIV = Human Immunodeficiency Virus

 HIV positive = person positive for the HIV virus

 HIV negative = person negative for the HIV virus

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