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Contagious Disease That Affects Population Circles

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Abstract: The presented article is a continuation of an attempt to understand and systemize the issue of fear and anxiety in organizations. The suggested in previous article model was related to behavior of individuals and was not providing a secure ways of treating fear affected groups. Current article is attempting to enhance the model and verify its adequacy for fear managing in groups, through its relevant adjustments.

Keywords: fear, groups, prevention, treatment.

INTRODUCTION

The previous articles attempted to describe and categorize the phenomenon of fear and provide support for assumption that fear can be considered as rightful managerial instrument. In order to understand and exploit fear, there was a need not only to categorize its different phases, but also to provide the means of interference, which allows its control. The proposed model included the following phases:

Phase α : Steady state stage Phase 0:Preliminary sensing stage. Phase 1: Notification. Phase 2: Preliminary evaluation. Phase 3: Full acceptance and options evaluation. Phase 4: Decision and execution. Phase α : "New" steady state stage.

Although, the suggested model seems to be adequate for the control of fear, over a directly affected individual or group of individuals, it is not taking into consideration the environment in which the fear is develops. The environment is important, because of the interesting fact, been revealed during the study – fear is like contagious disease, it spread itself and contaminate, even those who are not directly involved in the situation. It's spreading is capable to reduce the effectiveness of the countermeasures meant to deal with fear and develop the so called "hostile environment", through which more and more "new participants" are affected by the events, what may create an enormous collateral damage to business environment in general.

The following article is meant to suggest a way to deal with the environment and understand its

potential limitations in application of the model previously proposed.

The epidemiology of fear and its epidemical spreading

Fear is a common behavioral pattern deeply inherited in human psychology. It depends on the natural characteristics of the individual, but, in the same time it depends on the previous experiences and current circumstances. In other words, partially fear is a "builtin" element of the human nature and in the same time it is an acquired reaction for current circumstances[1].

Assuming that the suggested "built-in fear assumption" is correct, than the fear is continuously affecting and influencing factor, which directs and dictates the behavior of each and every individual, even throughout the common and tranquil period of life. If so, than there is no such a thing as no-fear situation and there is no absolute tranquility and calm. Therefore, the phase change in behavioral pattern of the individual is not from calm to fear, but, from fear to even greater fear. This, what makes the development of fear, easier and more "effective". The easiness of fear development makes the fear more contingent and more spreadable and dangerous. Fear has a very significant and understandable evolutional purpose, which can be summarized as protection and prevention from hazardous behavior[2]. In that sense it is possible to claim that even if the reasons for fear are not evident (there is no actual stimulus for fear at the moment) being fear present makes it relevant (existing). Fear may appear and develop, simply because others are visibly afraid.

This is what makes fear contiguous: it is possible, that actual reason for fear has disappeared, but fear it – continue to spread and affect others. In certain sense fear is similar to known epidemically spreading diseases: it is spreading from carriers, who are spreading the illness to wider circles of population, who become carriers and spreading the illness (fear) on and on. The methods meant to deal with this epidemic spreading of fear are pretty much the same to those meant to deal with diseases: prevention, "vaccination" and quarantine.

Prevention

There are several activities, which can be considered to prevent rapid spreading of fear and wide "circle contamination":

- Information dissipation usually, incorrect or partial circulation of information about events and occurrences concerning the organizational continuum, may cause for appearance of fear and anxiety. Rumors, which are an outcome of incorrect or partial information flow, always tend to over exaggerate the significance of events and may cause for the fear and anxiety to move to much higher levels. In this case, timely communication of information in better detailed mode, reducing the influence of fear and anxiety among the event participants.
- Trust it is a well-known fact that trust among the event participants of all levels, is reducing the fear of inadequate behavior of others. In other words, trust allow the event participants to assume that the behavior towards them will be "just", "fair" and "right". This is especially relevant for those who are located at the higher positions in organizational hierarchy and capable to take and carry-out decisions, which may "jeopardize" the welfare and future of the event participants.
- Control Overtaking no matter how ridiculous the rumors may be and how premature the situation is. The organizational leaders must tight their control over the organization and organizational participants.

Here, the leaders may also identify the "sources of future problems", or in other words they may see who will be the "nonofficial leaders" of possible objection for future events.

Vaccination

It is an activity meant to use the disease against the disease itself. In other words, here the use of fear is meant to control the fear that the event participants are sensing. It is similar to injection of weakened pathological agents into the blood system, while the aim is to make the body (organization) to develop resistance (anti agents), which will assist the body to overcome diseases (fear). The suggested use of fear against the fear is discussed in "Fear and Anxiety: effective managerial tools or harmful and jeopardizing factors?" [3].

According to suggested in the mentioned article, the use of fear that is controlled and portioned, may be effective measure to oppose the uncontrolled fear. The main issue is in precise dosage of the applied fear and correct intervention timing.

Quarantine

Same to contagious disease case, quarantine is an effective measure in stopping the spreading of epidemics. In certain cases the isolation of the source is vital to prevention of overall contamination. Event participants, who exhibit signs of distress, which cannot be controlled by common methods, which are meant to, decrease the fear and anxiety level, must be isolated in order to prevent the spreading of "contamination" (uncontrolled fear).

All the previously discussed supporting the suggestion that fear is in many cases similar to disease that is spreading and through carriers is passed on and on. Even those who are not the event participants, may be affected and continue the "contamination circle". The problem is that the so called carriers are individuals, who participating in overall frame that shaping the groups. The personal behaviorof the mentioned persons may affect others and become group behavior. The strength of contamination,spread by group, is definitely more acute and jeopardizing than individual one, therefore it requires counter measures which are more powerful, take more time and obviously more expensive in terms of needed resources.

Linkage between individual fear model and collective spreading model

The fear spreading model described previously, concerns the contamination of groups through individual participants. It can be integrated into the "staged, fear development model" and be expended from individuals to overall frames (groups) [4].

To do so, there is a need to supplement it, with components, which describes interpersonal influence of fear.

The first obvious fact concerns the information circulation and dissipation in organizations - it is clear that information does not spread equally among all the participants. This means that some of the organization positioners receive the information that capable to provoke fear earlier than others. This definitely may cause for fear development among the information receivers, who will initiate fear development earlier than the common population (the rest of the organization participants). With accordance to "staged model", the initial information receivers, "climbing" to phase 0 or even to phase 1, while the rest of the population are still in phase "alpha", which is a common, so called tranquil phase.

Those who are in phase 1 are evidently presenting signs of stress (non-tranquil /non-common behavior), that causes those who surround the affected persons to move from phase alpha to phase 0 (zero). The fear level at phase 0 is higher and is more acute than ordinary (phase alpha level). The described situation is characterized by two main factors:

- 1. As higher the number of the initial information receivers in the organization, the number of the affected by fear persons will be higher too.
- 2. As higher the number of initially affected persons, who exhibiting the signs of stress, which surrounds any given person, the higher the level of fear that this person will sense.

Therefore, when the concrete information finally reaches this person, the next phase (phase 1) will begin from higher level of fear, what will cause for considerable higher level of fear which is need to be controlled. Of course all other parameters will be higher as well and the expected intensity of possible reactions will be higher too.

Same sequence, which been described is also good for explaining the contamination of additional participants (epidemical spreading of fear). The previously mentioned, leads towards two possible subconclusions:

- 1. initially, when the organization is not ready to provide important information to its general population (organization participants), it should be kept strictly under control, while minimizing the contact between the information keepers and the rest of the population.
- 2. When the organization is ready for the information release, the released information must reach all the participants simultaneously. This will prevent the appearance of the previously described situation.

Both sub-conclusions reinforce the suggested "prevention", "vaccination" and "quarantine" method by explaining the intra organizational mechanisms, through which they reach the desired results.

CONCLUSIONS

The presented article is an attempt to in deep the evaluation of the suggested "staged approach fear development model" regarding its adequacy for groups rather than individuals. It describes the possible paths through which the fear is spreads inside the organizations. In this article the spreading of fear is compared to spreading of illness. Such an analogy allows proposing certain recommendations concerning the potentially acceptable and feasible methods of treating the group contamination by fear.

The recommended approaches are:

- 1. Establish an intra-organizational information exchange mechanism, which will prevent incorrect and inaccurate information flow, what may reduce the fear and anxiety initial levels.
- 2. Encourage the creation of organizational climate of trust. It also important to mention, that the model requires an additional empirical study and conformation, to validate its usability.

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