

Social representations, identity threat and coping amid COVID-19

Rusi Jaspal

Nottingham Trent University, Nottingham, UK

Brigitte Nerlich

University of Nottingham, Nottingham UK

Abstract

This article describes an integrative social psychological framework within which human reactions to COVID-19 can be understood and predicted. It is argued that social representations of COVID-19 (and its mitigation strategies) must resonate among diverse communities, not be too threatening, and provide clear pathways for action and engagement.

Clinical impact statement

The novel coronavirus-19 (COVID-19) poses significant risks to both physical and psychological health. These risks can be mitigated through effective health communication using social representations that resonate among individuals and which specify clear pathways for action. The pandemic and its necessary mitigation strategies will inevitably challenge the core ‘principles’ of identity, such as continuity, self-efficacy and self-esteem. However, in order to minimize the severity and duration of identity threat, individuals must be supported to adopt effective, adaptive and sustainable coping strategies, such as anticipatory restructuring and the derivation of social support.

Keywords

COVID-19, identity process theory, social representations theory, coping

Introduction

In January 2020, the World Health Organization (2020) declared the novel coronavirus disease (COVID-19) a Public Health Emergency of International Concern, and on 11 March it officially became a global pandemic. In the absence of treatments and vaccines, many governments, including that of the United Kingdom, implemented a policy of social and physical distancing (UK Government, 2020). As of 27 April 2020, 157,149 people in the UK have tested positive for COVID-19 and, as of 26 April 2020, 21,092 have died (Public Health England, 2020). The effective management of COVID-19 in the United Kingdom depends partly on public compliance with guidance from Public Health England (PHE) that people limit physical contact with others.

The United Kingdom population is diverse and there may be many social, economic and psychological factors which affect compliance with this and other PHE guidance. Psychological variables, such as political trust, and fear of COVID-19 are key, since they determine how people think and behave in this novel situation. Our research into climate change mitigation and HIV prevention (Jaspal, 2018; Jaspal, Nerlich & Cinnirella, 2014) has focused on the social, psychological, political and linguistic factors that impinge on the relationship between risk awareness and behavior change. In this commentary, it is proposed that tenets of the integrative model should be applied to communication strategies and to the design of policies and interventions in the context of COVID-19.

Social representations of COVID-19

Social representations theory (Moscovici, 1988) can enhance one’s understanding of how COVID-19 is communicated and with what effects for public awareness and understanding. Science communicators tend to use familiar and culturally accessible phenomena in order to substantiate their observations about COVID-19. This is referred to as *anchoring*. For instance, as a virus, COVID-19 has been anchored to HIV in media reporting (Yong, 2020),

which promotes the erroneous perception that the two epidemics, and ways of dealing with them, are the same. Second, particular visual and linguistic ‘tools’ are used to describe the pandemic, which make it more psychologically tangible. This is referred to as *objectification*. For instance, war metaphors such as ‘combat’, ‘fight’, ‘defeat’, are employed to demonstrate governmental control, may foster a sense of collective action, but also justify fighting the ‘enemy’ at all costs (Sanderson & Meade, 2020). Together, anchoring and objectification engender social representations, that is, frameworks of meaning which shape how we think, feel and act in relation to the pandemic. They may initially be constructed in the media or in political rhetoric but later come to form part of everyday discussion.

A key emerging social representation of COVID-19 is that social distancing is necessary in order to reduce disease incidence (Anderson, 2020). As the pandemic continues, more social representations will evolve and compete with one another, such as the wearing of masks. They will be debated with some being accepted and others challenged. Social representations that are disseminated by scientists are more likely to be accepted, while those associated with politicians may be less endorsed, especially if political trust is low (Osman, Fenton, Pilditch, Lagnado & Neil, 2018). Moreover, there are strong cultural differences, with mask wearing being generally accepted in the East but stigmatized in the West (Burgess & Horii, 2012). Social representations of key preventive measures in distinct social and cultural groups in the United Kingdom must be investigated and understood.

Identity threat in the face of COVID-19

Identity process theory (Breakwell, 2015; Jaspal & Breakwell, 2014), a theory of identity, threat and coping from social psychology, can help us understand how individuals respond to emerging social representations of COVID-19. The theory postulates that identity is the product of the two *identity processes*: assimilation-accommodation and evaluation.

Assimilation-accommodation refers to how people absorb and adopt new information (e.g. ‘Like others, I am at risk of COVID-19’) into their identity. Evaluation refers to the process of attaching meaning and value to it (e.g. ‘COVID-19 is dangerous, but I am young and healthy’). The two processes are in turn guided by *identity principles* which include self-esteem, distinctiveness, self-efficacy, continuity and coherence. When the identity processes are unable to operate in accordance with the identity principles, identity is threatened, which can be psychologically traumatic.

The social representation that social distancing is necessary will require people to change their behavior, lifestyle and identities in ways that may seem undesirable. Social distancing represents a loss of routine, changes to interpersonal relationships, and disconnection with particular spaces and places. It may therefore challenge an individual’s sense of *continuity* because it disrupts the psychological thread between past, present and future (Murtagh, Gatersleben & Uzzell, 2012). Moreover, as some people resist social distancing, they may become the target of social stigma and be labelled as selfish and irresponsible. This social labelling process can undermine feelings of *self-esteem*. In short, this social representation as well as others emerging in the context of COVID-19 may lead to *identity threat* and people will be psychologically motivated to resist them. Non-compliance with mitigation measures will in turn increase disease incidence.

Coping with change

In response to identity threat, individuals engage in *coping strategies*, i.e. patterns of behavior which reduce identity threat. Some are adaptive (that is, challenging in the short term but effective in the long term), and others maladaptive (‘quick-fix’ solutions with limited effectiveness in the long term). The coping strategies operate at intrapsychic, interpersonal and intergroup levels (Breakwell, 2015).

Denial is an example of a maladaptive strategy. For instance, in response to the potentially threatening representation of social distancing, some individuals may deny this

and claim not to be at risk while downplaying the significance of their actions for disease incidence. This essentially removes the need for action. Indeed, in the United Kingdom, it has been noted that some individuals have defied the social distancing measures possibly because they reject the risk representation (Weinberg, 2020). By contrast, anticipatory restructuring and group mobilisation are adaptive. Anticipatory restructuring involves acceptance of the representation of social distancing and restructuring of identity so that one can take actions to mitigate its risk. For instance, one may plan online meetings in advance to maintain interpersonal connections so that one does not experience social isolation amid the social distancing policy. This enables identity to change so that one can take positive action in response to COVID-19. Group mobilisation, such as clapping, singing or music (Nerlich, Döring & Jørgensen, 2020), may provide feelings of belongingness. This can limit threat by creating a norm of social distancing, thereby rendering it less isolating. After all, people tend to seek consensus and, thus, being surrounded by like-minded others who share their beliefs can be a positive experience.

Conclusions

In this article, a broad theoretical framework – drawing on social representations theory and identity process theory – is described within which reactions to COVID-19 can be understood and predicted. In order to promote effective, enduring and sustainable change in the context of this pandemic, social representations of COVID-19 (and its mitigation strategies) must resonate among the diverse people one seeks to engage. Particular attention should be given to the processes of anchoring and objectification, as well as to the source of the representation that one wishes to embed in a community (i.e. who is disseminating it). These representations must not be construed as too threatening. Indeed, negative affect, such as fear, has only limited effectiveness in promoting positive behavioral change (Ruiter, Kessels, Peters & Kok, 2014) If they do threaten identity, there must be clear, discernible pathways towards resolving the threat. Self-efficacy is central to effective engagement with identity threat and positive behavioral change, as demonstrated in climate change research (O’Neill, Boykoff, Niemeyer & Day, 2013). Furthermore, intergroup strategies, such as the derivation of social support from group memberships, may be conducive to a ‘team spirit’ and, thus, be protective against threats to identity (Sani et al., 2012). It is vital to promote coping strategies that are effective and sustainable. It is only then that they will feel able and competent to engage with perhaps one of the greatest societal challenges in a generation – COVID-19.

References

- Anderson, J. (2020). Social distancing isn’t the right language for what Covid-19 asks of us. *Quartz*, 3 April: <https://qz.com/1830347/social-distancing-isnt-the-right-language-for-what-covid-19-asks-of-us/> (accessed 5 April, 2020)
- Breakwell, G.M. (2015). *Coping with Threatened Identities*. London: Routledge.
- Burgess, A. & Horii, M. (2012). Risk, ritual and health responsabilisation: Japan’s ‘safety blanket’ of surgical face mask-wearing. *Sociology of Health & Illness*, 34(8), 1184-1198.
- Jaspal, R. (2018). *Enhancing Sexual Health, Self-Identity and Wellbeing among Men Who Have Sex With Men: A Guide for Practitioners*. London: Jessica Kingsley Publishers.
- Jaspal, R. & Breakwell, G.M. (eds.) (2014). *Identity Process Theory: Identity, Social Action and Social Change*. Cambridge: Cambridge University Press.

Jaspal, R., Nerlich, B. & Cinnirella, M. (2014). Human responses to climate change: Social representation, identity and socio-psychological action. *Environmental Communication: A Journal of Nature and Culture*, 8(1), 110-130.

Moscovici, S. (1988). Notes towards a description of Social Representations. *European Journal of Social Psychology*, 18, 211-250.

Murtagh, N., Gatersleben, B., & Uzzell, D. (2012). Self-identity threat and resistance to change: Evidence from regular travel behaviour. *Journal of Environmental Psychology*, 32(4), 318-326.

Nerlich, B., Döring, M. & Jørgensen, P.B. (2020). Silence, songs and solace: Music in the time of coronavirus. Retrieved from <https://blogs.nottingham.ac.uk/makingsciencepublic/2020/03/27/silence-songs-and-solace-music-in-the-time-of-coronavirus/> Accessed 27 April 2020.

O'Neill, S.J., Boykoff, M., Niemeyer, S. & Day, S.A. (2013). On the use of imagery for climate change engagement. *Global Environmental Change*, 23(2), 413-421.

Osman, M., Fenton, N., Pilditch, T., Lagnado, D. & Neil, M. (2018) Whom do we trust on social policy interventions? *Basic and Applied Social Psychology*, 40(5), 249-268.

Public Health England (2020). Guidance on social distancing for everyone in the UK. Retrieved from <https://www.gov.uk/government/publications/covid-19-guidance-on-social-distancing-and-for-vulnerable-people/guidance-on-social-distancing-for-everyone-in-the-uk-and-protecting-older-people-and-vulnerable-adults> Accessed 27 April 2020.

Ruiter, R.A.C., Kessels, L.T.E., Peters, G.Y. & Kok, G. (2014). Sixty years of fear appeal research: Current state of the evidence. *International Journal of Psychology*, 49(2), 63-70.

Sanderson, B., & Meade, D. (2020). Pandemic metaphors: Tracking the narrative. Retrieved from <https://publicinterest.org.uk/part-4-metaphors/>

Sani, F., Herrera, M., Wakefield, J.R.H., Boroch, O. & Gulyas, C. (2012). Comparing social contact and group identification as predictors of mental health. *British Journal of Social Psychology*, 51(4), 781-790.

UK Government (2020). Number of coronavirus (COVID-19) cases and risk in the UK. Retrieved from <https://www.gov.uk/guidance/coronavirus-covid-19-information-for-the-public> Accessed 27 April 2020.

Weinberg, J. (2020). Coronavirus lockdown: fresh data on compliance and public opinion. *The Conversation*, April 9 2020. <https://theconversation.com/coronavirus-lockdown-fresh-data-on-compliance-and-public-opinion-135872>

World Health Organization (2020). Statement on the second meeting of the International Health Regulations (2005) Emergency Committee regarding the outbreak of novel coronavirus (2019-nCoV). Retrieved from [https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-\(2005\)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-\(2019-ncov\)](https://www.who.int/news-room/detail/30-01-2020-statement-on-the-second-meeting-of-the-international-health-regulations-(2005)-emergency-committee-regarding-the-outbreak-of-novel-coronavirus-(2019-ncov)) Accessed on 27 April 2020.

Yong, E. (2020). How will the pandemic end? *The Atlantic*, March 25:
<https://www.theatlantic.com/health/archive/2020/03/how-will-coronavirus-end/608719/>
(accessed 5 April, 2020)