

# Self-care, social norms and anomie during COVID-19: from contestation of the greater good to building future normative resilience in the UK

Richard Antony Powell <sup>1,2</sup>, Kathleen Kendall <sup>3</sup>, Ben Cislaghi <sup>4</sup>, Austen El-Osta <sup>5</sup>

Drawing on peer-reviewed and grey literature, Powell *et al* argue the dominant narrative of personal self-care during the COVID-19 pandemic must be supplemented with a collectivist approach that addresses structural inequalities and fosters a more equitable society.

Compliance with self-care and risk mitigation strategies to tackle COVID-19 has been chequered in the UK, fuelled partly by social media hoaxes and misinformation, virus denialism, and policy leaders contravening their own public health messaging. Exploring individual non-compliance, and reflecting on wider societal inequities that can impact it, can help build critical normative resilience to future pandemics.

From the outset, COVID-19 public health messaging was, and remains, primarily aimed at modifying individual lifestyles and behaviours to flatten the infectivity curve by following ‘common sense’ approaches captured by the hands–face–space mantra.<sup>1</sup> A culture of practice and new social norms of acceptable behaviour subsequently emerged,<sup>2</sup> with concordance premised on cooperation between the public and government. However, as the pandemic worsened and movement restrictions continued, norms were contested by a small but vocal segment of society.

This normative contestation was founded on conflict between individual agency, government paternalism and

regulatory diktat, and echoed Kant’s epistemology of altruism and the need to sacrifice individual liberties for the ‘greater good’. This conflict was exacerbated by multiple lockdowns that significantly impacted individuals’ daily lives, and dissidence within a post-Brexit body politic characterised by distrust of politicians<sup>3</sup> and strong personal beliefs about rights, responsibilities and sovereignty.

Émile Durkheim’s sociological concept of anomie, however, widens our understanding further. Anomie characterises a dissolution or absence of established moral values, standards or mores that create a resulting normlessness.<sup>4,5</sup> Discordance between personal and group norms—the absence of a shared social ethic—weakens communal bonds, impacting individual stress, frustration, anxiety, confusion and powerlessness. During COVID-19, segments of society experienced powerlessness and loss of agency as daily routines were disrupted and further compounded by financial and mental distress as morbidity and mortality data dominated daily news headlines.

A visible minority began disregarding public health messaging, challenging norms needed to ensure a successful preventative response to the pandemic (eg, hoarding of restricted supermarket items). That such behaviour was limited to a relative minority neither undermines the existence of anomie—self-interest remains juxtaposed to collective duty—nor weakens the contestation of existing dominant normative paradigms.<sup>6</sup> Contesting ideas can reach a tipping point of popularity, establishing a new dominant social norm.<sup>7</sup> This can trigger detrimental behaviour (eg, for infection rates) if the once dominant paradigm supported laudable public health messaging.

In addressing this threat, it is vital to reinforce public health messaging by bolstering the underpinning social norms. Durkheim’s remedy was moral education, by which the collective consciousness—shared knowledge, ideas, beliefs

and attitudes—is nurtured by supporting the collectivist tendencies of individuals,<sup>8</sup> which can be achieved by various means.<sup>9</sup> While using injunctions against those who transgress (eg, monetary fines) can supplement positive public health measures, Durkheim crucially counselled that the imposition of norms does not bind individuals to the collective as strongly as consensus. Such a didactic approach can undermine solidarity, potentially nurturing a scapegoat culture that can exacerbate existing and historical inequities (eg, enforcing vaccine uptake among ethnic minority populations).

Indeed, disruption of the social order, and the emergence of new policy prescriptions to tackle the pandemic, re-exposed chronic inequalities.<sup>10,11</sup> ‘Stay at home’ advice had different connotations to a large segment of society: those who were victims of domestic abuse, or struggling to pay the rent, provide for their family, or who could not afford broadband, a personal laptop or access to a garden.

An effective public health strategy is a holistic one that creates an open and inclusive dialogue with diverse community groups to identify shared values. This inclusive dialogue can help create a normative system that encourages the adoption and diffusion of initiatives addressing structural inequalities and injustices.

Scrutiny of the UK’s response to COVID-19 has made the case for self-care as a public health measure to tackle communicable diseases, while also highlighting its limitations vis-à-vis individual rights and responsibilities and extant structural inequalities. These challenges have not undermined the self-care agenda; rather, they have highlighted the need to reinforce it, to shore up the normative elements that underpin it to ensure success.

Although the sustained adoption of health-seeking behaviours is crucial, individual self-care alone is insufficient to tackle the pandemic; societal responsibility is also required whereby (1) individuals act in responsible and rational ways to prevent COVID-19 spread until pharmacological interventions to prevent or manage the virus become widely available and (2) communities and governing institutions work together to build a more equal society. In the UK, the current political climate is characterised by discourse in which individuals are the source of, and the solution to, social problems. Policies and practices continue to focus on individual rather than collective responsibility. Both aspects need to be addressed when tackling national emergencies,

<sup>1</sup>Department of Primary Care and Public Health, Imperial College London, London, UK

<sup>2</sup>NIHR Applied Research Collaboration Northwest London, London, UK

<sup>3</sup>School of Medicine, University of Southampton, Southampton, UK

<sup>4</sup>Department of Global Health and Development, London School of Hygiene and Tropical Medicine, London, UK

<sup>5</sup>Self-Care Academic Research Unit, School of Public Health, Imperial College London, London, UK

**Correspondence to** Mr Richard Antony Powell, Department of Primary Care and Public Health, Imperial College London, London SW7 2BX, UK; r.powell@imperial.ac.uk

including global pandemics. As Durkheim recognised,<sup>12</sup> social justice and equality are necessary to sustain solidarity—they are the bond connecting individuals in society that ensures stability and social order.

Key messages

- ▶ Self-care has been, and continues to be, critical to tackling the COVID-19 pandemic.
- ▶ The concept of anomie—an uprooting, dissolution or absence of established moral values, guiding standards, or social mores, creating normlessness—cannot be overlooked when planning an integrated social response.
- ▶ The dominant narrative of personal self-care must be supplemented with a collectivist approach that addresses structural inequalities for the future.

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**ORCID iDs**

Richard Antony Powell <http://orcid.org/0000-0003-4968-3714>

Kathleen Kendall <http://orcid.org/0000-0002-4235-0741>

Ben Cislighi <http://orcid.org/0000-0002-6296-4644>

Austen El-Osta <http://orcid.org/0000-0002-8772-4938>

**REFERENCES**

- 1 Department of Health and Social Care. Guidance: face coverings: when to wear one, exemptions, and how

- to make one, 2020. Gov.UK. Available: <https://www.gov.uk/government/publications/face-coverings-when-to-wear-one-and-how-to-make-your-own> [Accessed 4 Dec 2020].
- 2 Laskowski-Jones L. COVID-19 and changing social norms. *Nurs Manage* 2020;51.
- 3 Yeginsu C. 'They're all idiots': Amid Brexit chaos, Britons lose faith in politicians. *The New York Times*. Available: <https://www.nytimes.com/2019/09/06/world/europe/brexit-politicians-voters-johnson.html>; [Accessed 29 Dec 2020].
- 4 Boudon R. *Anomie*. New York: Encyclopædia universalis, 2018.
- 5 Teymoori A, Jetten J, Bastian B, et al. Revisiting the measurement of anomie. *PLoS One* 2016;11:e0158370.
- 6 Mackie G, LeJeune J. Social dynamics of abandonment of harmful practices: a New156 look at the theory. special series on social norms and harmful practices, Innocenti157 working paper No. 2009-06, Florence, UNICEF Innocenti research centre 2009.
- 7 Centola D, Becker J, Brackbill D, et al. Experimental evidence for tipping points in social convention. *Science* 2018;360:1116–9.
- 8 Durkheim E. *Moral education*. New York: Dover Publications, 1925.
- 9 Boote DN. Durkheim's naturalistic moral education: Pluralism, social change and autonomy. In: Fletcher S, ed. *Philosophy of education*. Urbana, IL: Philosophy of Education Society, 2002: 319–27.
- 10 Scambler G. Covid-19 as a 'breaching experiment': exposing the fractured society. *Health Social Rev* 2020;29:140–8.
- 11 Equality and Human Rights Commission. How coronavirus has affected equality and167 human rights. Equality and Human Rights Commission, 2020
- 12 Mishra C, Rath N. Social solidarity during a pandemic: through and beyond Durkheimian lens. *Soc Sci Humanit Open* 2020;2:100079.