

Tracking online heroisation and blame in epidemics



The ongoing coronavirus disease 2019 (COVID-19) outbreak is giving rise to worldwide anxieties, rumours, and online misinformation. But it offers an opportunity to put into practice some lessons learned in studies of social media during epidemics, particularly with respect to the dynamics of online heroisation and blame.

Epidemics such as the H1N1 influenza pandemic, severe acute respiratory syndrome, and Ebola take place in a complex world, with many disasters (human-caused and natural) and a host of social, cultural, economic, political, and religious concerns. Responding to such concerns is not usually part of public health approaches to epidemic communications, which emphasise bio-medical and epidemiological information.

This approach is short-sighted. Research on the Ebola and H1N1 influenza epidemics¹⁻⁴ suggests that gathering online data on local perceptions has the potential to help public authorities mount more robust responses and better targeted health communications. Particularly fruitful paths to investigate, we believe, are the dynamics of heroisation and the creation of so-called figures of blame.

Searching for someone to blame is part of the process of making sense of any disaster, akin to the phenomenon of moral panic.⁵ Conspiracy theories and misinformation are already circulating in traditional and social media about COVID-19.^{6,7} Thus, it is important to track the evolving dynamics of blame in real time, both to correct inaccurate information and to respond to online scapegoating.

The other side of the coin is heroisation, the investment of hope and trust in a context of risk and unease. Analyses of blame and heroisation during the 2014–15 Ebola epidemic, using Twitter and Facebook posts in French and English,^{2,8} suggest that heroic status was widely conferred on ordinary individuals and insiders rather than altruistic foreigners, as in other crises. The term local hero is not an empty phrase: identification of local heroes as they emerge, and working with them (online and offline), could have a strong pay-off in communication campaigns. What constitutes a hero during a time of crisis is nuanced and context-specific, however, and needs careful qualitative work to understand. Heroes can include, for example, whistle-blowers (who put their careers on the line to

alert the public) and health workers (who generate essential information while doing their work). All these figures can be seen emerging during the COVID-19 outbreak.

Qualitative analysis can also identify issues in authorities' handling of crises, which crystallise around transparency. For instance, discussions can coalesce not only around conspiracy theories but also around real uncertainties and blind spots in health authorities' communications.^{9,10} In times of crisis, public authorities tend to focus their concern on avoiding panic and filtering the information they provide to the public. But trust is a crucial support to public health systems. It is during crises such as the COVID-19 outbreak that this trust is put to the test.

Tracking heroisation and blame dynamics in real-time, as epidemics unfold, can help health authorities to understand public attitudes both to the threats posed by epidemics and the hope offered by health interventions, to fine-tune targeted health communication strategies accordingly, to identify and amplify local and international heroes, to identify and counter attempts to blame, scapegoat, and spread misinformation, and to improve crisis management practices for the future. Such an approach can bring to the surface what we propose to call complex geographies of hope and blame, which public health authorities need to be aware of while planning responses to the epidemic.

We declare no competing interests.

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