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A Macromarketing Prescription for Covid-19: Solidarity and Care Ethics

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Abstract

Contextualized in the current pandemic, this essay discusses social marketing and public policy efforts from a 'social solidarity and care ethics' perspective. It presents a prototypical inclusivity-based approach for managing pandemics, with adaptive and maladaptive examples to show how the 'social solidarity and care ethics nexus' can and should 'travel' within and between societal strata. It positions this perspective as a form of phronetic polysemic marketing, and thus considers the complexity of pandemic sociopsychology and stresses the need for practical wisdom.

Keywords: social solidarity; care ethics; phronetic marketing; public policy; pandemic responses

Introduction

In Hyman, Kostyk, and Shabbir (2020), we posited a framework for managing societal disruptions and associated discontinuities. Our approach, derived from phronetic marketing (Kotler and Komori 2020) and futurology (Hyman and Kostyk 2019), mandates systemically diffused leadership communications that are compassionate, inclusive, and transformational. Rooted in Bronfenbrenner's (1979) ecology model and synergistic message framing, we illustrated the value of relational and empathetic communications. Finally, we urged social marketers and public policymakers to embrace a macromarketing lens undistorted by the 'polysemic trap' or maladaptive ideological constraints.

In this sequel essay, we extend our positioning but propose 'social solidarity and care ethics' as the foundation of phronetic interventions for managing pandemics across all ecology model levels (i.e., synergistic and inclusive crisis messaging capable of overcoming a political and social status quo that can undermine an effective public response) (Berger et al. 2020; Held 2006; Ivic 2020; Jennings 2018). Given pandemic sociopsychology's polysemic structure, we stress the macro aspect of the 'social solidarity and care ethics nexus' and a narrative diffusing from governmental macromarketing efforts. We focus on inclusive communications, and consistent with Hyman et al. (2020), especially regarding vulnerable and marginalized people. We argue that governmental messaging breaches can slowly degrade the solidarity and care ethics vital to limiting pandemic-related risk.

Even when people know the risk, personal behavioral change is "notoriously difficult to initiate and sustain" (Panter-Brick et al. 2006, p.2810). Although creating risk awareness is foundational to healthcare management, it alone is insufficient for disease eradication (Eaton and Kalichman 2020). Pandemic sociopsychology's polysemic nature in binding personal somatic anxieties to the collective body polity and embedding personal behavioral change in a culturally broader context complicates eradication efforts. To mitigate the damage to society's vulnerable and marginalized groups, we recommend a solidary-and-care-ethics framework for

developing and implementing pandemic-centric governmental policies that can transcend all societal strata.

We contend this approach can redress “the hidden systems of inequality that are lost in the mundanity of everyday life fracturing the veneer of capitalist meritocratic society” (Nolan 2020, p.1), which the current pandemic has exacerbated (Drury, Reicher, and Stott 2020; Scott and Martin 2021). A common problem revealed by the current pandemic is public policymakers’ lax planning for and subsequent discounting of vulnerable and marginalized communities (Hyman, Kostyk, and Shabbir 2020). As a result, systemic racism in the U.K. and the U.S. has inflated Covid-19-related death tolls among “overexposed, underprotected, stigmatised and overlooked” BAME (Black, Asian and Minority Ethnic) community members (Syal 2020), a concern increasingly voiced by the marketing community (e.g., Grier and Poole 2020; Francis 2020). The naturalization of necropolitical policies—i.e., rules for deciding who should live and die—associated with ageism and ableism, especially within BAME communities—is also of growing concern (e.g., Gržinić 2020; de Jesus 2020, Morgan 2020).

We argue that a ‘social solidarity and care ethics’ approach can and should inform a more inclusive and transformative response to pandemics. A social-isolation-centered shift to a social-solidarity-centered discourse requires a fusion with care ethics (e.g., Ali 2020; Brakman 2020; Held, 2006; Ilic 2020). Social solidarity alone is insufficient to ensure equal access to health care (Made, Meulen, and Burg 2001). Instead, this shift depends on recognizing the nexus between micro- and macro-ecological levels, as a single-level analysis would obfuscate the complexity inherent in polysemic pandemic sociopsychology. However, disentangling this complexity across levels requires intervention deconstructions beyond this essay’s scope. Instead, we examine the implications of the current pandemic on the “type of society and social order that should emerge once the restrictions are eased” (Cardona 2020, p.1) and provide a retrospective analysis to inform preferred pandemic preparedness policies.

Our exposition proceeds as follows. First, we discuss care ethics, which could guide

social marketers' efforts and permeate pandemic-related government communications at all ecological levels. Next, we present a 'social solidarity and care ethics' nexus that could help social marketers promote 'the collective good' by tapping into a common social identity while rectifying the social inequalities that may compound the problems policymakers seek to resolve. Finally, we examine, via a 'social solidarity and care ethics' lens, examples of adaptive and maladaptive messaging strategies. In doing so, we highlight recommendations for social marketers and public policymakers charged with designing and disseminating messages related to the current pandemic.

Care Ethics

In contrast to the individualistic concept of self that Held (2016) argued "obscured the reality that social cooperation is required as a precondition of autonomy" (p.86), care ethics (or 'ethics of care') posits that people are relational and interdependent; thus, societies are a nexus of persons. By stressing empathy and shared concern, care ethics focuses on relationships responsible for sustaining care (Friedman and Bolte 2007; Held 2006; Robinson 2015). Care ethics advocates for collective harmony and a shared social identity over self-interest. Relative to other moral theories, care ethics is better able to "deal with the judgments of groups who must rely on communal solidarity for survival" (Held 2006, p.25). Care ethics focuses on inalienable human rights and the nexus of "values related to freedom—such as caring, empathy, self-esteem, friendship, respect, and justice" (Shabbir et al. 2020, p.228).

In many countries, the current pandemic seemingly activated a care-focused response from public policymakers. However, these policymakers' rhetoric often sidestepped a care-centered public and social policy built around a care-centered intervention system (Chatzidakis et al. 2020). Although care ethics focuses on justly distributing caring tasks across society, these policymakers frequently allocated pandemic-related care disproportionately to privileged citizens, further disenfranchising historically underserved groups (Chatzidakis et al. 2020; Scott et al. 2020). Care ethics and justice intertwine because "considerations of justice arise from

within the practice of care itself and therefore are an important part of the ethic of care” (Bubeck 1995, p.21). Because care ethics can clarify justice for vulnerable and marginalized populations, a care ethics lens is integral to redefining global citizenry and aligning with third-generation human rights (Saito 1997; Sevenhuijsen 1998; Vasak 1979). Moreover, co-creating transformational value and well-being is essential (Parsons et al. 2021).

Given its relational underpinnings, care ethics circumvents personal liberty concerns because it highlights the dependence of such liberty on relational welfare. Although initial U.K. government messaging about the current pandemic focused on self-protection, such personal-level communications encouraged Brits to trivialize the threat, “especially if they consider themselves young and healthy” (Drury, Reicher, and Stott 2020, p.5). Message framing based on traditional moral theories like utilitarianism, which assume personal motivations induce pro-social behaviors, can delay relational moral activation during crises. Similarly, lockdown delays implied personal freedoms outweighed collective threats. For example, the Russian government first delayed imposing an official quarantine and then announced it as a ‘nationwide work holiday’ (Mankoff 2020). Such framing downplayed the threat and failed to inspire care-focused sentiment within the community, resulting in many people spending their ‘holiday’ socializing in large groups despite the World Health Organization’s contrary warnings.

Recommendation: Communications related to the current pandemic focus on collective rather than personal well-being, and highlight collective threats and collective responsibility with appeals to intra-community relationships.

Solidarity

Care ethics can promote solidarity for the common good (Jennings 2018). Solidarity in a crisis entails developing a shared social identity and is vital for building collective momentum (Drury et al. 2019). Recent studies confirm the stronger predictive value of national identification on public support for pandemic-related policy than maladaptive solidarity framing based on collective narcissism (e.g., Federico, Golec de Zavala, and Baran 2020; Van Bavel and Boggio 2020).

National identification, which relates to social identity and the “personal significance that being part of a nation holds” (Van Bavel and Boggio 2020, p.2), is accompanied by national in-group satisfaction and value instead of the sense of entitlement and exceptionalism that characterizes collective narcissism (Golec de Zavala 2019; Leach et al. 2008).

National identification correlates positively with emotionality, social connectedness, pro-social behaviors toward in-group minorities, and solidarity with other nations (Amiot and Aubin 2013; Golec de Zavala 2019). In contrast, collective narcissism, which rests on insecurities linked to privileged treatment that out-groups are expected to recognize, (1) correlates negatively with social connectedness and solidarity with other nations, and (2) correlates positively with hostility toward out-groups and ‘impure’ in-group members (Golec de Zavala 2019; Golec de Zavala and Lantos 2020; Golec de Zavala and Cichocka 2012; Golec de Zavala et al. 2009).

Central to collective narcissism’s blind patriotism is a dual belief that one’s group is distinctive yet threatened by other groups (Golec de Zavala 2019; Schatz, Staub, and Lavine 1999). In contrast, national identification’s constructive patriotism relates to embracing one’s membership in a national in-group (Leach et al. 2008; Schatz, Staub, and Lavine 1999). Although blind and constructive patriotism correlate positively, they yield markedly different outcomes.

During Poland’s initial lockdown (February to April 2020), ‘Covid solidarity’ (i.e., support for Covid-19-infected victims and a collective pandemic-related sense of responsibility and unity) correlated positively with national identification and negatively with collective narcissism among Poles (Federico, Golec de Zavala, and Baran 2020). A 67-country survey (n=46,650) showed physical distancing, personal hygiene, and policy support attitudes strongly correlated with national identification and weakly correlated with collective narcissism (Van Bavel and Boggio 2020). Thus, boosting solidarity through national identification enhances solidarity and caring for in-group members.

The challenge in galvanizing national collective solidarity for pandemic interventions is to create ‘an inclusive national in-group identity’ by appealing to national self-identification (Van Bavel and Boggio 2020). Although an arduous task regardless of circumstances, it is particularly arduous in countries with populist sentiments and *realpolitik*. However, increasing residents’ national identification enlarges their valuation of all residents’ protection. Central to this effect is the in-group satisfaction inherent to national identification, which suppresses collective narcissism’s ability to incite negative emotionality. In-group satisfaction produces self-transcendent emotions, such as social connectedness, gratitude and compassion. Interventions that fortify positive emotional regulation are critical to offsetting collective narcissism, fostering solidarity, and responding ethically during perilous times (Golec de Zavala 2019; Jennings 2018). Like constructive patriotism, reflective solidarity allows for “genuine difference, discursive conflict, and pluralism....neither uncritical consensus nor the predominance of only one group of voices would prevail” (Jennings 2018, p.556). Hence, authentic solidarity represents a mutual concern and guarantees a prohibition against systemic exploitation (Mason 2000).

The moral trajectory of solidarity operates along three developmental paths: standing up *for* (advocacy), *with* (humanizing) and *as* (protecting) recipients (Jennings 2018). Although solidarity recognizes other people’s moral standing, the trajectory of care depends on attending to care recipients. Akin to caring *about*, *for*, and *giving* (Tronto 1993), care also operates along three developmental paths: attentive rehabilitation (i.e., repairing other people’s world), attentive companionship (i.e., promise, presence, and assurance), and attentive commitment (i.e., the duty of care). Solidarity promotes inclusive, discursive engagement, and “care honors them as a precondition for the possibility of the healing and meaning it facilitates” (Jennings 2018, p.556).

Recommendation: Social marketers’ and public policymakers’ System 1 (heuristically processed) communications during a pandemic should focus on the social solidarity and care ethics nexus—initially with ‘solidarity for’ and ‘caring about’, subsequently ‘solidarity with’ and ‘caring for’, and ultimately ‘solidarity as’ and ‘caring as giving or duty’. The most

effective System 1 messaging would fuse these stages into one frame (see Figure 1).

----- Place Figure 1 here -----

Relative to individualistic Western countries, the 'communitarian cultural contexts' typical in Asian countries such as Vietnam predispose them toward solidarity and care ethics (Peverelli 2020). However, this nexus is not culturally bound. Although care ethics messaging is adaptable to local cultures, collective threats demand culturally independent collective responses (Drury et al. 2019). Thus, messages meant to inspire 'the common good' during crises should extol it. However, care ethics requires evaluating solidarity against a crises' polysemic effects and decoupling interventions from maladaptive ideological underpinnings. Any pandemic-related intervention policy that ignores sociopsychology's polysemous nature cannot consider complex macromarketing dynamics, and thus cannot consider the multiple and dynamic intersections within market-based ecosystems (Aaltola 2011).

Phronetic Polysemic Marketing

People process health crises politisomatically (i.e., personal somatic anxieties intertwine with social, national, and global polity) (Aaltola 1999). Because current and feared national and global pain might become personal pain, pandemics crystallize epochal personal and political fears embodied in macro-level imageries, anxieties, and vulnerabilities (Aaltola 2011; Sontag 1988). Therefore, anxieties shaped by state-centric political imagery and ideological agendas influence ontological security (i.e., people's sense of safety in an unpredictable world) (Aaltola 2011; Browning 2013).

Phronetic polysemic marketing can leverage politisomatic thinking to intertwine national in-group satisfaction, social solidarity, and care ethics. Inclusive and transformative leadership is always essential, but more so during crises, to "shape, direct, and facilitate collective acts of organizing towards a goal" (Wardman 2020, p.1094). The pluralistic, collective, empowering, transcending, and unifying approach required during crises dovetails with contemporary crisis leadership (Breakwell 2001; Drury et al. 2019; Jetten et al. 2002). A phronetic perspective

amplifies this approach's value across ecological strata (Kotler and Komori 2020).

As marketing's 'forgotten P', a phronetic approach "should provide, not only a foundation for marketing thought but also a vital link between marketing theory and practice" (Kavanagh 2014, p.332). Two elements of phronetic interventions are transparency and inclusivity, which are requisite to collective transcendence and 'symbolic bridging and merging' (Burke 1984; Hyman, Kostyk and Shabbir 2020; Jack 2008). Pandemic imagination is prone to "temporal sensibilities and institutional anxieties" (Watts 1999, p.10). *Kairos*—a turning point that considers past, present, and future interactions and directions (Kermode 2000)—suggests people experience some pandemic moments as prophetic visions (Watts 1999), i.e., utopian or dystopian imaginings and transformations (Gomel 2000). With society's heightened mortality anxiety, leaders' ideological proclamations can misdirect Kairos-inspired activity. Phronetic polysemic marketing rooted in a social solidarity and care ethics nexus should circumvent such misdirection.

Prototypical adaptive and maladaptive examples of pandemic-related political rhetoric show good and bad practices in intra- and inter-social-strata inclusivity. Consistent with macromarketing and polysemic pandemic sociopsychology, the macrosystem's importance cannot be overstressed (Roberts 2020). The macrosystem assumes greater importance during turbulent periods, and thus "[i]f we do not study the macro-level, and understand its dynamics, we are apt to be caught flat-footed" (Roberts 2020, p.372).

Recommendation: Social marketers and public policymakers should implement inclusive simultaneous interventions at multiple ecological levels, as united by a macro-level framing and exemplified below.

Personal Behavior (Ecology Model's Micro Level 1)

Examples of good practices from Southeast Asian countries represent greater and more inclusive compliance at the personal-collective level. Covid-19 prevention efforts have changed personal health-related behavior in Vietnam, including self-isolation and physical distancing, via

solidarity and responsibility messaging (Ivic 2020; Le 2020). The government's recurrent narrative of 'Every citizen is a soldier fighting the disease' has created collective unity; for example, a viral ad by the artist Hiep Le Duc urged 'to stay home is to love your country' (Tran 2020). Unlike the U.K. and the U.S., war narratives do not play to collective narcissistic sentiment in Vietnam. Its government's messaging stressed that *all* societal members are a priority, which is integral to unifying its people by activating the first level of social solidarity and care ethics, thus reinforcing national identification. In contrast, the U.K. and the U.S. maladaptively used war frames to describe their policies and action plans to defeat Covid-19 (Benziman 2020). However, in countries with highly populist segments and public policies, such narratives risk converting a unified response into one defined by identity politics and collective narcissism.

The re-popularization of *dugnad*, Norway's cultural equivalence of social solidarity with care, is a "moral repertoire of the socially responsible citizen" (Nilsen and Skarpenes 2020, p.3). By endorsing itself as a 'community of sufferers', it became the chief policy frame for galvanizing action (Fritz 1996). In an editorial written the day before Norway locked down, its Minister of Health and Care Services Bent Høie wrote:

We are good at dugnad in Norway. Many of us have participated in the work we do together....We need everyone in this dugnad.... Each and every one of us has an important job to do....It is not a big and complicated job. But it is very important...[because] participating...will save lives (Iversen 2020).

The challenge for public policy communications is finding such transformative polysemic frames, which reify national identification but encourage inclusivity. Many governments could not articulate national identification in simple, familiar terms commensurate with response urgency. Other governments used polysemic national identification frames but could not maintain collective momentum against identity politics and collective narcissism.

Authoritative measures that appeal to a superficial communal sense will often cause societal pushback. For example, local authorities in Moscow faced a backlash after introducing a Covid-19-tracking app that placed excessive demands on Covid-19-positive users, such as continuous time-insensitive requests to submit house-bound selfies to confirm self-isolation (Seddon 2020). Quickly dubbed ‘anti-social monitoring’ on social media, the app imposed huge fines on alleged regulation violators and was condemned by human rights activists as unlawful and discriminatory toward vulnerable and marginalized populations (Pozychanuk 2020; Vasilchuk 2020). As a result, most muscovites either failed to install or cheated on the app (Litvinova 2020; Marohovskaya 2020).

Consider the U.K.’s polysemic ‘Stay Home, Protect the NHS [National Health Service], Save Lives’ messaging. Although inspired public support reflects a prototypical example of social solidarity fused with care ethics, this support was unsustainable due to inconsistent System 2 message frames (Hyman, Kostyk, and Shabbir 2020; Wardman 2020). The subsequent policy frame incorporating ‘Stay Alert’ in place of ‘Stay Home’ created public confusion and cynicism (Sabbagh 2020). As both a private and social location, homes are the primary source of ontological security because they provide order and create trust in the continuity of one’s identity in an uncontrollable world (Dupuis and Thorns 1998; Kinnvall 2004; Saunders and Williams 1988). Any repositioning of communication frames should ensure ‘just noticeable’ but acceptably small changes (Campbell and Diamond 1990). Given the polysemic and ontological reassurances afforded by the ‘home concept’, any re-framed message should reify the values imbued within the original message. In essence, the ontological self-esteem provided by ‘home’ should meet the ‘just noticeable difference’ criterion for changing message frames (Lee and Kotler 2015).

Moreover, U.K. politicians using the national clap for carers on Thursday evenings for personal political gain through social media tokenism ignored the System 2 messaging that had authentically lauded the NHS (Wardman 2020). If public policymakers communicate the first

level of social solidarity and care ethics to an already-engaged public, a mismatch in polysemic framing occurs when the first and second levels lack synergy. To synergize the original social solidarity and care ethics level, these politicians should have shifted from 'solidarity with and caring for' to 'solidarity as and caring as giving or duty' by visiting hospitals, the homeless, and other vulnerable and marginalized communities.

Social solidarity also requires procedural justice from public policymakers to establish moral authority as "prototypical in-group members acting for and serving the interests of the group" (Reicher and Stott 2020, p.695). One event that compromised the U.K. government's moral authority during the current pandemic was the 'Cumingsgate scandal', which "possibly more than any other event...led to a dramatic plunge in trust levels" and consequently the government's campaign for social solidarity (Wardman 2020, p.1111). Dominic Cummings, the U.K.'s Chief Special Adviser, was not reprimanded for breaching the government's lockdown rules. By defending Cummings, Prime Minister Boris Johnson and several leading cabinet ministers compromised their moral authority to impose public health restrictions. This procedural injustice spawned a 'one rule for them and another rule for everyone else' public belief. Here, a breakdown or reversal in the strategic marketing use of the solidarity-care nexus occurred. Instead, U.K. politicians should have maintained, sustained, and strengthened national identification messaging consistency by ensuring synergy within its preceding social solidarity and care ethics nexus messaging.

Social solidarity and care ethics, and their absence, can also be communicated implicitly, which is more challenging than assessing examples of overt communication frames but with far-reaching consequences for fostering collective momentum. The ecology model functions systemically and with a simple layered assessment. Intervention at one level can feedback onto subsequent and preceding levels. Communicating collective narcissism or allowing it to fester during a pandemic can deter micro-level compliance with policies.

Recommendation: Public policymakers' authenticity and transparency are essential to

achieving public acceptance of the social solidarity and care ethics nexus. Authenticity breaches can induce breakdowns in perceived procedural justice and jeopardize the moral authority of public policymakers. Because trust and confidence in pandemic-related compliance requests are compromisable, practical wisdom or phronesis by public policymakers is vital.

Interpersonal Behavior (Ecology Model's Meso Level 2)

Although multiple issues are examinable at the interpersonal level, an inclusivity perspective suggests scrutinizing the implications of scapegoating and dehumanizing language because it violates the social solidarity and care ethics nexus and creates conditions that (1) discourage collective-personal engagement with Covid-19 policies, and (2) normalize disengagement from Covid-19 management (Bashford 2003). Threatened people can become alienated and cope by seeking scapegoats (Gilmore and Somerville 1994). Even in countries with a weak populist disposition, a predisposition to scapegoat during pandemics should be countered with unifying and inclusive language. The urgency to frame social solidarity and care ethics at the ecology model's second level is instrumental.

Inclusive messages from politicians reify the polity's position and create a trickle-down polysemic toward people needing reassurance. For example, in her opening Covid-19 address to New Zealanders, Jacinda Arden emphasized, "Be kind...support one another...we will get through this together, but only if we stick together. Be strong and be kind." Arden's plea reifies the social solidarity and care ethics nexus. Her daily Facebook briefings implicitly conveyed her inclusive leadership by phronetically dispensing her inclusivity and kindness reminders, thus humanizing New Zealanders and providing them attentive companionship through her presence and reassurance. New Zealand's national frame of *Be kind, Stay home, Save lives, Check in on the elderly or vulnerable, Unite against Covid19* communicates more than mere sentiment; it also promotes interpersonal care at the ecology model's third (community) level. 'Checking in on the elderly and vulnerable' articulates a level-three commitment to 'caring as giving or duty'.

Moreover, repeated use of ‘we’ (e.g., ‘We’re all in this together’; ‘We’re a team of 5 million’) and ‘stay strong’ reifies a level-three sense of ‘Kiwiness’.

In contrast, the U.K. government’s top-down messaging failed to boost national identification by promoting diversity. The NHS’s collective momentum presented an opportunity to remind Brits of their NHS’s diverse workforce (i.e., roughly 60% of specialist physicians and 40% of consultants and other physicians are non-white). Perhaps inspired by the Black Lives Matter movement in the U.S., several media outlets celebrated this diversity with a viral video from the *Guardian*—“You clap for me now: The coronavirus poem on racism and immigration”—with minority physicians and hospital staff members asking Brits to ‘clap for me’ because ‘I am helping you during your time of need’.

When pandemic-related governance scapegoats out-groups, especially in countries where populist sentiment is rife, it pushes collective narcissism into a downward spiral of negative emotionality and uncooperativeness. Inclusivity breeds inclusivity within and across ecology model levels; conversely, inclusivity breaches at one level can have multiplier and ripple effects across the social system. Given the disproportionate Covid-19 deaths within the UK’s BAME communities, a top-down celebration of the NHS’s diverse workforce could have nudged public opinion toward helping vulnerable and marginalized groups.

Out-groups that challenge one’s worldview, especially when mortality is salient, degrade the buffering function of one’s worldview and self-esteem (Greenberg, Pyszczynski, and Solomon 1986). Consequently, people invoke defense mechanisms—such as derogation, dehumanization, or vilification—to reduce their anxiety about threatening out-groups (Pyszczynski, Rothschild, and Abdollahi 2008). Unfortunately, many politicians and media pundits have capitalized on these hate mechanisms during the current pandemic. Dubbing the novel coronavirus the ‘Chinese virus’ and explicitly or implicitly vilifying groups such as asylum seekers, the elderly, people with disabilities, and BAME community members exemplify maladaptive narcissistic rhetoric. Perhaps one of the most extreme examples is Ramzan

Kadyrov, the head of Russia's Chechen Republic, who suggested that people who violated quarantine rules "should be killed" (*Moscow Times* 2020). A national pandemic preparedness protocol should include regulatory mechanisms to limit hate speech.

During the initial pandemic stages, scapegoating occurred extensively in the U.S., where politicians ignored social solidarity and care ethics framing. Social media analyses showed anti-Chinese 'dog whistle' amplification through these politicians' retweets and resharing; for example, within an hour of one senator's March 8th tweet naming the novel coronavirus the 'Wuhan virus', the term was retweeted 24,049 times (Rizzuto 2020). A concomitant rise in anti-Chinese and anti-Asian online hate crimes occurred (Donaghue 2020).

The current pandemic has heightened xenophobia in Europe, with a front-page headline in France's *Courier Picard* declaring "Alerte Jaune" (Yellow Alert) and reporting hotels and restaurants in Italy barring Chinese tourists (Giuffrida and Willsher 2020). Such scapegoating extended to refugees, migrant communities, and asylum seekers (Zargar 2020). Conservative politicians in Europe linked Covid-19 to migrants. Hungarian Prime Minister Viktor Orban claimed, "We are fighting a two-front war, one front is called migration and the other one belongs to the coronavirus. There is a logical connection between the two as both spread with movement" (Zargar 2020). Conservative Westerners failed to realize that scapegoating begets scapegoating and thus breaches the national in-group satisfaction required to induce personal and collective behavioral change during existential crises. Decades of accumulated populist sentiment can deter attempts to promote the social solidarity and care ethics nexus vital for collective momentum. Essentially, stereotyping tropes pre-empt support at the ecology model's first (personal) level. Politicians promoting populist sentiments must understand that such policies ensure failure in managing current and future pandemic policies.

The symbology of face masks is another case-in-point. In the U.S., men believe a face mask represents an uncool stigma and a shameful sign of weakness (Capraro and Barcelo 2020). The stigma attached by mask rejecters stems from stereotyping Muslim women wearing

face coverings and conditioning masks to unfreedoms (Bucar 2020; Reynolds 2020). Mask rejecters frequently lamented their position with Islamophobic tropes on social media (Bucar 2020). Muslim women wearing traditional face coverings have experienced greater acceptance during the current pandemic due to the broader adoption of face coverings (Piela 2020). Although Islamophobia may not be the main driver behind mask rejection, inclusivity breeds inclusivity. Instead of pandering to populist sentiments, Western politicians could embrace futurology-based scenario planning for pandemics that contemplates risks from perpetuating stigmas linked to health protection symbology (Hyman and Kostyk 2019; Hyman, Kostyk, and Shabbir 2020). Such planning should extend to vulnerable and marginalized groups.

Ageism and Necropolitics

The current pandemic has exacerbated ageism (i.e., the cultural and institutional dehumanization of older adults) (Ayalon and Tesch-Romer 2017; Iversen, Larsen, and Solem 2009; Meisner 2020). Ageism arises from a “deep seated uneasiness on the part of the young and middle-aged—a personal revulsion to and distaste for growing old, disease, disability; and fear of powerlessness, ‘uselessness’, and death” (Butler 1969, p.234). One troubling social media example of ageism was Millennials’ Covid-19 nicknames like ‘Boomer Remover’, ‘Boomer Doomer’, ‘Senior Deleter’, and ‘Elder Repeller’, which follow from the positive correlation between age and fatality rate and some Millennial’s disenchantment and dissatisfaction with older adults (Meisner 2020). This ‘apocalyptic demography’ ideology is rooted in a fear that senior citizens drain a society’s resources (Gee and Gutman 2000). The Millennial versus Boomer framing of the current pandemic exacerbates generational in-group-out-group dynamics and posits Millennials as post-humanistic saviors and inheritors of a cleansed society; hence, the deep-seated level-three (macro) ideological undercurrents.

Social marketers and public policymakers can counter necropolitical sentiment with campaigns meant to encourage attention, companionship, and commitment to older adults, even when top-down policies that ignore elder-care breaches reinforce such bottom-up

sentiment. Political ageism should not obstruct the social solidarity and care ethics nexus.

Although a simple Systems 2 frame adapting Jacinda Arden's plea to protect older adults would inspire their enhanced care, the U.K. and the U.S. government's neglect of older adults complicated the situation.

During the current pandemic, government-induced precarity toward older adults in the U.K. and the U.S. has manifested in multiple forms. Regarding the U.K.'s long-term care facilities, the "COVID-19 pandemic has not created extreme social isolation among older adults or the precarious conditions in long-term care homes...so much as forcefully exposed them to the light of day" (Hebblethwaite, Young, and Rubio 2020, p.2). Covid-19 has highlighted the "historical neglect and marginalisation" (Oliver 2020, p.1) of such facilities, and yet "Media coverage has focused on the travails of care staff and residents rather than on the determinants of the crisis" (O'Neill 2020, p.1). Covid-19 has directly and indirectly—via medical attention and resources switched from treating non-Covid-19-related chronic illnesses—contributed to preventable deaths in U.K. and U.S. long-term care facilities (Heneghan and Jefferson 2020). For example, cancer referrals have dropped 45% in the U.K. since the current pandemic, which could lead to 35,000 excessive deaths within the next year (*BBC News* 2020).

Central to this discourse is the allocation or rationing of medical resources. Just distribution of healthcare via age-based rationing is rooted in senicide (Battin 1987). A social solidarity and care ethics nexus assumes a counterposition meant to resist senicide's normalization (Post 1991). Our recommended approach challenges extant social marketing discourse by shifting attention to polysemically induced necropolitical sentiments and the language used in public discourse about marginalized groups.

Recommendation: Inclusivity breeds inclusivity. Thus, futurology and scenario planning are essential for managing existential crises toward fostering a sense of inclusivity and pre-empting scapegoating. Especially important is the language politicians, the media, and pundits use. Pandemic preparedness planning should discourage the naturalization

of necropolitical sentiments.

Community (Ecology Model's Macro Level 3)

A syndemic is characterized by the dual biological and social factors contributing to a disease's etiology (Eaton and Kalichman 2020). "A syndemic approach provides a very different orientation to clinical medicine and public health by showing how an integrated approach to understanding and treating diseases can be far more successful than simply controlling epidemic disease or treating individual patients" (Singer et al. 2017, p.947). Taking a syndemic perspective on Covid-19 that assumes social conditions as contributing factors to its etiology can help develop safety nets to protect BAME community members, older adults, and under-compensated essential workers (Horton 2020). However, calling Covid-19 a global syndemic, when these social interactions have been most evident in wealthier countries, recognizes "how political and social factors drive, perpetuate, or worsen the emergence and clustering of disease...[due to] our historical legacy of systemic racism or our crisis of political leadership" (Mendenhall 2020, p.1731).

If "[r]acial capitalism is a fundamental cause of disease in the world and will be a root cause of the racial and socioeconomic inequities in COVID-19," then health interventions and communications must shift from the "individual and interpersonal...[to] institutions, environments and ideology" (i.e., the ecology model's levels three and four) (Pirtle 2020, pp.504 and 507). Addressing race-based health inequalities demands "valuing all individuals and populations equally; recognizing and rectifying historical injustices; [and] providing resources according to need" (Jones 2014, p.75).

By neglecting historical grievances about systemic Western racism, the medical community and public policymakers perpetuate resistance to vaccination and other medical interventions within BAME communities (Warren et al. 2020). For example, British BAME community members responded that they would refuse a Covid-19 vaccination for themselves and their children three times as often as Whites (Bell et al. 2020). In the U.S., the legacy of the

infamous Tuskegee study¹ has induced vaccine hesitancy among Blacks. If a society includes vulnerable and marginalized communities, then tackling existing inequalities would help mitigate the current pandemic. Thus, pandemic management is an exercise in critical systems thinking, with futurology anticipating problems that might compound an existential crisis.

Because a 'one size fits all' approach occludes group vulnerability, public policymakers should develop customized intervention programs for groups with a heightened Covid-19 risk. Social marketing programs traditionally neglect race-based interventions and messaging (Grier and Poole 2020). Although community cohesion and mobilization can be conceptualized in terms of shared concerns, critical consciousness, organizational networks, collective activities, social cohesion, and individual and institutional leadership, inclusive management demands adaptation to cultural norms (Lippman et al. 2013).

The social solidarity and care ethics nexus is a necessity for syndemic-afflicted societies. Fostering in-group national satisfaction for compliance purposes during a pandemic is at best a zero-sum game in nations with substantial systemic and structural inequalities. Failure to address these inequalities perpetuates a vicious cycle of harm, neglect, and risk for vulnerable and marginalized communities.

Recommendation: A phronetic marketing approach to managing pandemics should consider a critical systems macromarketing approach that pre-empts hibernating structural inequalities at communal levels. Without addressing structural inequalities, existing problems can compound the public and social neglect of minority groups, further perpetuating inefficiencies in pandemic management and naturalizing necropolitical ideology.

Discussion

Macro-level or government policies that neglect vulnerable and marginalized groups are a growing concern. Phronetic polysemic marketing demands escaping from polysemy's mal-ideological underpinnings, especially if they are contrary to human flourishing. Social marketers

and public policymakers should attend to the current pandemic's syndemic nature and resist normalizing necropolitical policies and programs. We caution them to avoid replacing social marketing with "half-hearted efforts such as a few public service announcements to cure complex and long-standing social ills" (Salmon 1989 in O'Shaughnessy 1996, p.65).

Normalization is "not much about the physical effects....but has more to with its acceptance as natural to social order" (Varman 2018, p.910) and thus in naturalizing everyday practices (Bouchet 2018). To mitigate the effects of future pandemics, social marketers and public policymakers must consider the nexus between neoliberal capitalism, necropolitics, and pandemic management. Because marketing scholars often view marketing as nonideological, they rarely interrogate the neoliberal-necropolitical nexus (Eckhardt, Dholakia and Varman 2018; Varman 2018). The current pandemic has created "openings to understand and re-imagine our own necro-politics" (Robertson and Travaglia 2020, p.3). Breaking the polysemic trap of pandemic sociopsychology will require acknowledging that marketing rhetoric can "put a softer, humane-appearing veneer on the hard, harsh, efficiency-seeking, ambiguity-intolerant juggernaut of neoliberal strategies and actions" (Eckhardt, Dholakia and Varman 2018, p.8).

A good starting point is to question the implicit assumptions governments make about the value of a citizen's life². Assuming governments willing to initiate an earlier pandemic lockdown implicitly assign a higher value because lockdowns reduce short-term GDP, the implicit value of a citizen's life is highest in South Korea (>\$11 million) and New Zealand (>\$6 million), and lowest in Belgium, Italy and the U.K. (roughly \$100,000) (Balmford et al. 2020; Fernandes et al. 2020). When adjusted for under-reporting, the lowest values occurred in the U.K. (\$40,000), Italy (\$43,000) and the U.S. (\$68,000). "Seemingly, cash flowing through the market is worth much more than value passing through wellbeing, at least to some countries" (Balmford et al. 2020, p.544). South Korea and New Zealand suggest that liberalism can be embedded in care ethics and decoupled from necropolitical assumptions. Although liberalism and care ethics may seem bipolar, with the former focusing on personal liberties and justice and

the latter on collective rights and caring, they can co-exist (Held 2006). The worldview of solidarity with care ethics can represent a broader framework from which social marketers and public policymakers can extract liberal models. Post-pandemic imagination demands such a fusion.

Narcissism often is viewed as contrary to humility (Hoover 2011) and linked to resisting information that can compromise grandiose self-images (Beck, Davis, and Freeman 2015; Stucke and Sporer 2002). Hence, it behooves social marketers and public policymakers to shift the public from collective narcissism to national in-group satisfaction. Celebrating diversity at home may predispose in-groups to learn from diversity abroad. Although some Western commentators contended climate or a younger demographic contributed to the initial low Covid-19 incidence rates in Africa, some African commentators suggested certain African states and the African Union deserve credit for superior handling of this health crisis (Aidi 2020). In a similar vein, Western media outlets barely noted the World Health Organization's praise of Pakistan and several other non-Western countries as examples of pandemic management 'best practices' (Junaldi, 2021).

In Hyman, Kostyk, and Shabbir (2020), we positioned our framework within futurology. For futurologists, the task is "not to tell the future" but "to invent the future, to learn the future...and to deliver the future" (Pattinson and Sood 2010, p.417)." The ecology model's often-overlooked chrono dimension considers past strategies and their effect, thereby enhancing strategic objective optimization. As many governments underestimated Covid-19's threat and failed to plan adequately (Drury et al. 2020), we suggest including the chrono dimension in pandemic-response messaging and related social marketing strategies.

Conclusion

Although the current pandemic continues to create new threats, we mainly focused on vulnerable and marginalized groups. Our essay calls for an inclusive approach to pandemic management operationalized within a social solidarity and care ethics framework. Loosely

based on the ecology model, this framework, which can inform compassionate, ethical, and moral public policies, pertains to social marketing and public policy interventions meant to offset the damage caused by social disruptions. We urge social marketers and public policymakers to enhance macromarketing's influence during the current pandemic by ensuring human flourishing irrespective of polysemic ideological constraints.

Footnotes

1. The Tuskegee study of Black males with syphilis ran from 1932 to 1972. Participants were misled that the placebo they received was a syphilis-curing vaccine because the researchers wanted to investigate the disease's untreated progression, which led to hundreds of needlessly infected wives and children (Sacks 2020).

2. Although never publicized due to potential political blowback, the U.S. Occupational and Safety Health Administration's policy decisions during the mid-1970s assumed that value equaled a person's discounted expected lifetime earnings, which was roughly \$330,000. For public policy purposes, such as the acceptable 'parts per billion' of an airborne carcinogen, economic productivity alone determined the value of a U.S. resident's life (Hyman, personal experience).

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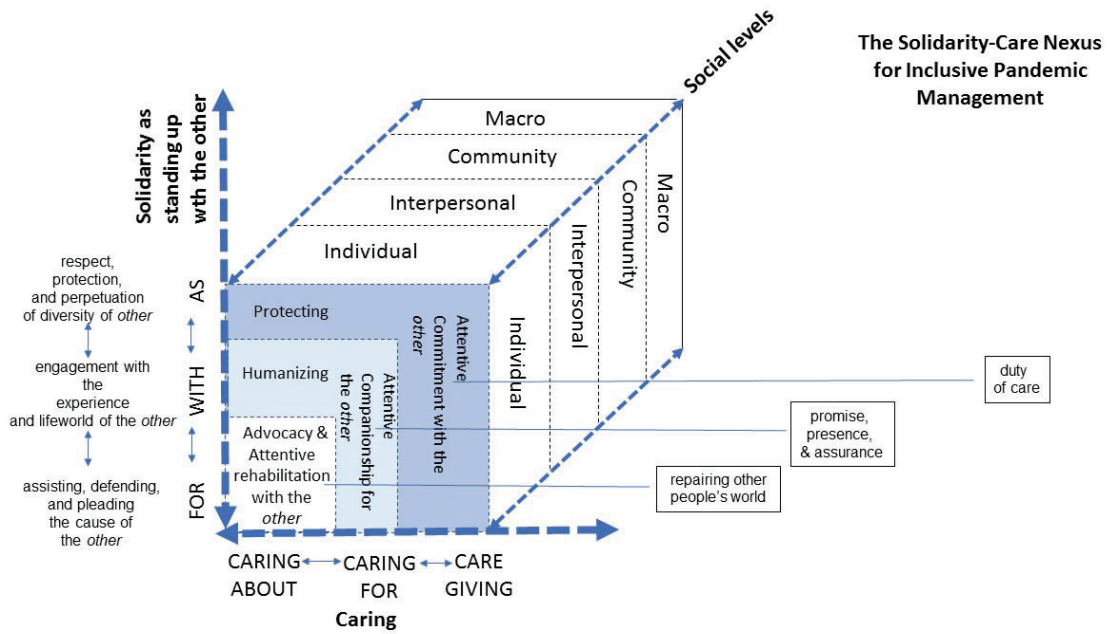
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Figure 1

Solidarity-Care Ethics Nexus



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