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Editorial: COVID-19: risk communication and blame

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Editorial on the Research Topic

COVID-19: risk communication and blame

In mid-2020, when we launched this Research Topic, we noted a wide variety of responses to COVID-19, and how critical health information was communicated. We noticed that the way health information was communicated to people often had a negative slant to it. Not only that, but we also noticed that the way health information was understood by people seemed to be filtered through a socio-cognitive lens. As discussed by [Bouguettaya et al.](#) opposing political parties, minorities, and the structurally vulnerable populations ([Team and Manderson, 2020](#)) often were blamed for spreading COVID-19 with dangerous consequences. The authors ([Bouguettaya et al.](#)) drew on empirical psychological research and well-established psychological theories and models of blame to explain what constitutes blame (allocation responsibility/foresight), and who is blamed (from a social identity approach). They provided historical evidence, showing that blaming at the time of pandemics was not helpful; and that we needed to understand why, when, and how blame affected COVID-19 responses. With this in mind, we put out a call for research on blame, the elements that make up blaming behavior at the time of COVID-19 pandemic.

Now, in 2023, after experiences of several outbreaks, lessons learned from mishandling this pandemic, and having COVID-19 vaccines developed, we can look back on the *in-situ* research in our Research Topic. We had a wide array of manuscripts submitted from health communication, public health and health psychology disciplines across countries, in which the authors have used various research methods to investigate the concept of blame in health communication of COVID-19 and its consequences. The authors of the articles included in our Research Topic demonstrated that if governments acted early to make high-quality resources available, blame based conspiracy theories were less likely to spread ([Chan et al.](#); [Su et al.](#)), with [Benski et al.](#) and [Pengpeng et al.](#) proposing how these resources could be developed and communicated. [Korin et al.](#), [Putois and Helms](#), [Antwi-Berko et al.](#), and [Okuno et al.](#) discussed how context matters in crafting messages that avoid blame like characteristics with positive outcomes in controlling COVID-19. [Pisl et al.](#) revealed how vaccine hesitancy in Czech students was less about morality and blame than individual beliefs and characteristics. They demonstrated that allocating responsibility based on morality is flawed. [Bostwick et al.](#) and [Xiao and Yu](#) discussed how social distancing is affected by person and context. [Lu et al.](#) examined how rumors spread on social network sites and contribute to COVID-19 blame.

Viola's study used critical discourse analysis theory as the applied theory for the analysis of the COVID-19 crisis narratives by experts, politicians, and other social actors from Spain, France, the Netherlands, and the UK when presenting their domestic measures in relation to Italy's response to coronavirus. She found that attribution of blame and blameworthiness were found to be a common pattern in these narratives that Italy was to blame for having taken inappropriate measures. This narrative was found in all the four countries.

Historically, immigrants were frequently blamed in the transmission of pathogens and their deviant beliefs and practices contributing this transmission, including vaccine resistance and hesitancy (Bouguettaya et al.). Acharya et al.'s article presented a survey of immigrants' attitudes toward COVID-19 vaccination in South Korea. In their study, a larger proportion of South Korean immigrants were vaccinated, and the remaining participants were rather concerned about the safety of the existing vaccines, which was similar to the general population. Study investigating minority ethnic groups in Amsterdam, the Netherlands, conducted by Antwi-Berko et al. also found that the main reasons for vaccine hesitancy were concerns about the vaccine efficacy and safety; and many people in these communities expressed their willingness to receive a vaccine once these concerns were addressed.

The role of community involvement in COVID-19 communication and community unity were repeatedly highlighted in the included works. Benski et al. provided two community case studies on the development of health education materials on COVID-19 for pregnant women in Madagascar and elementary school children in Japan. In both countries, communication materials were developed in collaboration with the key local communicators and the target audiences. In their community case study, Glennie et al. shared lessons learned from a novel, highly participatory pandemic prevention communication campaign that engaged individuals in remote Aboriginal communities of the Northern Territory of Australia directly in prevention messaging via crowdsourcing, and distributed videos to remote area post codes via targeted Facebook advertising.

Thompson et al. presented findings of content analysis of songs being used to create awareness about COVID-19 in Ghana. One of the emerging themes in their content analysis was a call for unity and collective efforts in contrast to blame in the lyrics. In the song lyrics, it was stated that coronavirus does not discriminate individuals or groups on the basis of skin tone "*this disease is not afraid of the blacks, not afraid of whites, not afraid of Indians,*" socio-economic status "*coronavirus does not leave out the rich or the poor,*" age "*does not leave out the child or the elderly,*" and body image "*It is not afraid of the fat person or afraid slim person It is not afraid of a tall person or afraid of ... It doesn't matter whether you are beautiful or ugly*" (Thompson et al. p. 7).

Blame of health professionals in transmitting coronavirus and mishandling the pandemic and its impact on health professionals' mental health received special attention. Gao et al.'s article presented findings on mental health of nursing students amid COVID-19 pandemic in China. Chen et al. investigated the

relationships between public health literacy and public trust in physicians' control of COVID-19 in China. Their findings demonstrated significant positive relationships between health literacy and public trust in physicians.

Findings of the research studies featured in this Research Topic have applications beyond COVID-19. Many contributors to our Research Topic (Antwi-Berko et al.; Glennie et al.; Tretter) pointed out that considering the audience in creating health promotion messages is crucial as certain groups will interpret similar health messages in unintended ways. We encourage researchers in health to consider how health promoting messages on other health issues with a contagion element (substance abuse, alcoholism, obesity) could adapt their approaches to reduce blame and improve their reach.

Overall, our Research Topic revealed that careful consideration of how we communicate responsibility, social norms, intent, and capacity is crucial in emergency situations. Through these research articles, we hope future policy makers will consider how to create better health information materials, communication strategies, and better reach people who may be more hesitant to listen through social media. Being context aware is key to ensuring people have the tools to live healthy lives.

Author contributions

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