

Empirical Article

“I think I might be a bit wobbly in my corona moral” – young people’s moral functioning during the COVID-19 lockdown: A social representations approach

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In this paper, we use social representations theory to examine how young people made sense of COVID-19 and the emergent behavioral guidelines during the lockdown in Denmark in Spring 2020. Further, we discuss how this informed their moral functioning. This research is explored through triangulation, investigating how COVID-19 was represented in central speeches by Danish leaders ($N = 4$) and by young people in focus groups ($n = 5$, $N = 25$) and individual interviews ($N = 10$). Results suggest that young people’s moral functioning during COVID-19 depended on multiple, often polemic, representations. Consequently, their moral functioning was found to be an ambivalent practice, resulting in coping strategies of adaptation to their surroundings and othering fellow citizens deviating from the guidelines. In this context, coherent communication by authorities and community values are identified as key to promoting behavior change. As the social impact of COVID-19 is unprecedented in many societies, including the Danish, this study contributes to the field of emerging infectious diseases providing insights that are essential for the continued management of this and future pandemics.

Key words: Social representations, COVID-19, moral functioning.

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INTRODUCTION

On March 11, 2020, the World Health Organisation (WHO) declared the COVID-19 outbreak a global pandemic (WHO, 2020a). While the dynamics of the virus and medical treatments are a critical part of the story, COVID-19 also disrupted the social order in many countries, underlining that COVID-19 is not just a medical pandemic but also a social phenomenon (Leach, Parker, MacGregor, & Wilkinson, 2020; Teti, Schatz, & Liebenberg, 2020; van Bavel *et al.*, 2020). In Denmark, prime minister Mette Frederiksen announced a partial lockdown on March 11 and introduced “social distancing” measures to curb the spread of the disease (Frederiksen, 2020a). In the span of a few days, daily activities were turned upside down: group gatherings were suddenly a health hazard, schools and businesses closed, and people were advised against leaving their homes unless necessary (Ritzau, 2020a). In other words, previously “normal” and morally neutral behaviors moved into moralized domains (Francis & McNabb, 2020). As no strict curfew was implemented (Ritzau, 2020a), Denmark’s strategy depended on the willingness and ability of individuals to adhere to behavioral guidelines and regulations, making social responses crucial (Prosser, Judge, Bolderdijk, Blackwood, & Kurz, 2020; WHO, 2020a). In this regard, it has become of great interest to both health institutions and governments as well as social and behavioral scientists to investigate citizens’ reactions (e.g., Böhm *et al.*, 2020; Rudert *et al.*, 2021; van Bavel *et al.*, 2020).

Research shows that the more concerned people are about a health threat, the more willing they are to change their behavior (Blendon *et al.*, 2006). However, as knowledge accumulated about the disease and a reopening of Danish society was promised from mid-April 2020, the immediate threat perception

of COVID-19 gradually reduced (Böhm *et al.*, 2020). In this context, young people were told that their life was not at risk if they contracted the virus (Danish Health Authority, 2020). Yet they were asked to follow behavioral guidelines to protect close relatives, vulnerable groups in society, and the Danish health care system. The question of adhering to the guidelines became less of an individual question but an increasingly moral question to Danish young people, making it crucial to explore what ideas, beliefs, and knowledge informed their understandings of morally correct behavior. More specifically, the concept of social representations (Moscovici, 1988) allows us to analyze how COVID-19 and the behavioral guidelines were represented by central Danish leaders and young people and discuss how this, in turn, informed young people’s moral orientations. Consequently, this paper seeks to address two key questions: what social representations did leadership communication help cultivate in young people’s thinking regarding COVID-19? Moreover, how did these social representations influence young people’s moral functioning?

Social representations: a theory of common sense

The rationale in this study is that different representations of social knowledge in society influence the way young people experience and cope with challenges such as COVID-19, ultimately informing their moral functioning (Jaspal & Nerlich, 2020). For this purpose, we use Haste and Abrahams’ (2008) definition of moral functioning as action mediated by tools within a social and cultural context. Such tools can be socially available discourses or in this research, social representations. Social representations are socially constructed,

everyday knowledge that serve to establish social order and facilitate communication (Gillespie, 2008; Moscovici, 1973) by offering humans a “common repertoire of interpretations and explanations, rules, and procedures which they can apply to everyday life” (Moscovici, 2000, p. 151). As multiple representations coexist in society, Moscovici (1988) suggested a classification of representations depending on different degrees of sharing them, with hegemonic representations being widely shared by all, emancipated representations being shared by some subgroups, and polemic representations being shared by few, existing in conflict with other representations. As hegemonic, emancipated, and polemic aspects can co-exist within the same social representation (Liu, 2004), representations are constantly co-created, negotiated, and circulated in societies and individual psychological functioning (Castro & Batel, 2008).

Applying this to the context of COVID-19 in spring 2020, we argue that when a new phenomenon emerges, social representations develop to make the unfamiliar familiar through two processes: anchoring and objectification (Moscovici, 1984). First, anchoring is the process where the foreign phenomenon is named and classified following an existing order of concepts that are meaningful to the public (Bauer & Gaskell, 1999; Moscovici, 1973). When COVID-19 appeared, previous epidemics were used to integrate an understanding of the new disease (Jaspal & Nerlich, 2020). For example, Danish media reporting anchored COVID-19 to the seasonal flu (Sæhl, 2020), promoting the perception that the two diseases, and their related risks, were the same. Second, objectification is the transformation of abstract representations into routines, stories, institutions, roles, and concrete objects. In the case of COVID-19, the behavioral guidelines introduced by health and government authorities can be understood as objectifications of the abstract disease, aiming to curb the spread. Another example of objectification is personification, making COVID-19 more comprehensible by attaching human characteristics like personality and volition (Aardema, 2020; Páez & Pérez, 2020). Together, anchoring and objectification generate social representations that shape how we think, feel, and act in relation to the pandemic (Jaspal & Nerlich, 2020). These representations may initially be constructed in media or political rhetoric (Okoroji, Gleibs, & Jovchelovitch, 2020), but later come to form part of everyday discussion. As representations, however, always carry multitudes of meaning, they cannot be seen as a way of imprinting static meaning onto others (Castro & Batel, 2008; Rose *et al.*, 1995). Instead, social representations demand dialogue, debate, and sometimes resistance. Social representations accordingly become critical to study in an unknown and insecure situation such as COVID-19, as different representations compete in their claims to reality, laying the foundation of our being in the world (Howarth, 2006).

A social representational framework on emerging infectious diseases

As emerging infectious diseases have threatened humankind throughout history, researchers have used social representations theory to explore public sensemaking of previous diseases (Joffe, 2011). These studies are useful in understanding people's

reasoning about the origin, transmission process, and protection measures for different diseases (Eicher & Bangerter, 2015). Further, they often focus on how emerging infectious diseases are represented (i.e., in mass media) and these representations' link to perceptions of risk (e.g., Joffe, 2003; Joffe, Washer, & Solberg, 2011; Washer & Joffe, 2006).

According to Mondragon, Gil de Montes, and Valencia (2017), societies fear infectious diseases because they present a physical and symbolic threat for citizens. As a response to this threat, Helene Joffe and colleagues documented that especially one lay explanatory pattern of “symbolic othering” is prone to develop (e.g., Joffe & Bettega, 2003; Joffe & Haarhoff, 2002; Joffe & Lee, 2004). As symbolic protection of the ingroup, the mechanism of “othering” serves three functions: it distances the disease from the self and one's in-groups; it blames particular entities for the disease's origin and spread; and it stigmatizes those who have contracted it (Joffe, 2011). The way diseases have been named through time, often using nations as categories, highlights the process of symbolic othering (Joffe, 1999). A relevant example was when US President Trump named COVID-19 the “Chinese virus” (Guardian Staff, 2020), personifying the virus to have a nationality (Aardema, 2020).

To explore collective sensemaking in the case of avian influenza, Gilles *et al.* (2013) used Wagner, Kronberger, and Seifert's (2002) model of collective symbolic coping (CSC). The model describes how groups make sense of novel situations that threaten the social order in four stages: awareness, divergence, convergence, and normalization. In their study, Gilles *et al.* (2013) found that othering develops during the divergence stage when multiple interpretations coexist and create a symbolic environment characterized by uncertainty and ambiguity. However, they also found that the relation between perceived disease risk and othering depended on individual differences in feelings about aversion to germs and ideological beliefs. Their student sample suggested that othering might be less prevalent amongst young people as they do not feel particularly threatened by germs and often have ideological beliefs against outgroup blaming. Further, Mayor *et al.* (2013) showed that the closer a disease comes to one's country, the less othering becomes a useful interpretive device (Wagner-Egger *et al.*, 2011). Consequently, the usual function of othering has been found to either vanish or change to more local groups.

Public behavior and promoting behavioral guidelines during COVID-19

The pandemic's far-reaching social consequences facilitated a focus on predicting public behavior and promoting behavioral guidelines (Leach, Parker, MacGregor, & Wilkinson, 2020; van Bavel *et al.*, 2020; WHO, 2020a). Previous research suggests that during times of crisis, malleability in public facilitates the adaptation of behaviors to new imperatives at accelerated speed (Elcherth & Drury, 2020). In these dynamics, perceived social norms play a particular role, as most people will adapt their behavior in line with the common reaction in the communities to which they belong (van Bavel *et al.*, 2020); especially their close communities (Farias & Pilati, 2020; Lees, Cetron, Vollberg, Reggev, & Cikara, 2020; Nivette *et al.*, 2020). Further, social

norms are central to risk perception. For example, Drury, Reicher, and Stott (2020) argue that people not only respond to “direct” signals of risk but also other people’s responses. In the case of COVID-19, we assume that the sight of others routinely adhering (or ignoring) behavioral guidelines is likely to send a strong signal around the safety of doing the same.

As no effective treatment or vaccine was available in early 2020, particular attention has been given to communication from political and health leaders to promote behavioral guidelines. Experiences from crowd psychology suggest that government communication needs to emphasize the collective through social responsibility instead of the individual risk to avoid panic, reduce competition, and facilitate acceptance of quarantine measures (Drury, Reicher, & Stott, 2020; Gurdasani *et al.*, 2020; Tulloch & Ripoll, 2020; van Bavel *et al.*, 2020). Individual-focused messaging is problematic as it can lead people to discount risk, especially if they consider themselves young and healthy (Drury, Reicher, & Stott, 2020).

Beyond communication, general trust in authorities and the media is crucial in the question of adhering to new guidelines (Mayor *et al.*, 2013; Stott & Radburn, 2020; Wagner-Egger *et al.*, 2011). The average level of trust in other people and social institutions in Denmark is generally high (Dinesen, Schaeffer, & Sønderkov, 2019) and trust in government increased during the first weeks of COVID-19 (Andersen, Hede, & Andersen, 2020; Böhm *et al.*, 2020). However, whereas trust in experts (e.g., researchers), hospitals, and doctors started and remained high, trust in public authorities and, even more so, trust in politicians decreased again after the first few weeks of the lockdown (Böhm *et al.*, 2020).

Mitigating behavior: a moral issue

At beginning of the pandemic, European societies widely accepted behavioral guidelines (Gollwitzer, Platzer, Zwarg, & Göriz, 2020). However, Prosser, Judge, Bolderdijk, Blackwood, and Kurz (2020) predicted that as lockdown rules relaxed, ambiguity in policy would increase. Consequently, they predicted that moral functioning would begin to rely on more informal social processes, potentially causing interactional trouble and moral dilemmas. As social norms change and crowd behavior begins to differentiate according to different notions of morality, the question of adhering to behavioral guidelines becomes a critical moral issue to the individual (Neville & Reicher, 2020). To understand how the individual navigates this issue, we turn to Haste and Abrahams’ (2008) sociocultural perspective on moral functioning. They focus on how moral accounts are constructed, normalized, and drawn upon in cultural discourses. Consequently, they define moral functioning as mediated action within individual, interpersonal, and societal contexts, depending on what cultural resources are available, comprehensible, and deemed appropriate in interpersonal negotiation and intrapersonal sensemaking. The individual’s moral functioning is a part of a total system; while we may focus on parts, it can never be isolated from its context.

According to Haste and Abrahams (2008), the individual uses cultural resources to solve two tasks of moral functioning. One task is “making sense,” constructing accounts that give

satisfactory personal moral explanations or guidelines for resolving conflicts and dilemmas. Another task is affirming one’s personal and moral identity by defining the moral attributes of one’s ingroup and outgroup. These tasks require substantial renegotiation in times of social change, such as the COVID-19 lockdown in 2020. As the immediate threat of COVID-19 decreases and young people need to renegotiate their moral attitudes, it becomes central to study the moral functioning processes. A sociocultural perspective on moral functioning can show how experience and institutions were framed, discussed, admired, rejected, and presented as normative.

The present context and research

Within the present study, it is important to note that the COVID-19 lockdown of Denmark in Spring 2020 and its aftermath was a time marked by rapid changes and insecurity. To clarify the context of this study, Figure 1 presents a simplified timeline.

While there is plenty of literature on previous pandemics, the social impact of COVID-19 is still unprecedented in many societies, including the Danish. The literature review indicates that several social-psychological mechanisms are at play, attracting attention to cultural processes of sensemaking. This study explores sensemaking through social representations (Moscovici, 1973) and discusses how these, in turn, inform moral functioning (Haste & Abrahams, 2008). The two perspectives are linked through their attention to the dialogic self (Haste & Abrahams, 2008; Marková, 2003) and their belief that a plurality of constructed discourses or social representations exists in any cultural context. While the field of published literature on social representations during the emergence of COVID-19 is growing (e.g., Félicien, Fabrice, & Fabrice, 2020; Ittefaq *et al.*, 2022; Jaspal & Nerlich, 2020; Nerlich & Jaspal, 2021; Páez & Pérez, 2020), no studies, to our knowledge, have specifically discussed the relationship between social representations and moral functioning (for social order, see Staerklé, 2015 and for social identity, see Jetten, Reicher, Haslam, & Cruwys, 2020).

Thus, this study sets out to develop understanding of the following issues:

1. How was COVID-19 and, in consequence, the behavioral guidelines represented by Danish leaders and young people during the lockdown in Spring 2020?
2. How do social representations of the emergence of COVID-19 and the behavioral guidelines inform young people’s moral functioning in Spring 2020?

METHOD

Research design

As social representations and moral functioning are embodied within communications, dialogue, and individual minds (Castro & Batel, 2008; Haste & Abrahams, 2008), it is appropriate to investigate all three (Bauer & Gaskell, 1999). This approach facilitates triangulation (Flick, Foster, & Caillaud, 2015), using different qualitative approaches to highlight different aspects of common sensemaking in three datasets (Flick, 2018).

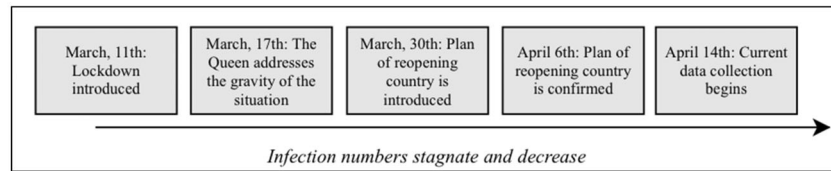


Fig. 1. Timeline visualizing the context of this research conducted in Spring 2020.

First, in a situation like the COVID-19 lockdown, leadership communication spreads knowledge in society and cultivate the symbolic environment in which laypeople do their thinking. As prominent leaders are central in shaping public representations (Howarth, 2006), the first dataset consists of four speeches by the Danish Queen Margrethe II and prime minister Mette Frederiksen. It is analyzed how they communicated COVID-19 and mitigating strategies to the Danish public. Second, as group dynamics effectively tap into collective knowledge where social, moral, and emotional dimensions emerge (Wolff, Mahoney, Lohiniva, & Corkum, 2018), focus group interviews were conducted to explore interpersonal interactions. Focus groups are beneficial for gaining insight into social representations' socially shared aspects, mainly how social representations are constructed and actively negotiated (Flick, Foster, & Caillaud, 2015). Finally, the third dataset consists of individual semi-structured interviews that explore thoughts, feelings, beliefs, and reflections (Braun & Clarke, 2006). While focus groups are subject by design to strong desirability biases, the individual interviews enable participants to describe personal experiences or views that would be difficult to share in a group setting (Wolff, Mahoney, Lohiniva, & Corkum, 2018).

This study aims for parallel analysis of leadership communication and "lay" perspectives through focus groups and individual interviews. It is critical to notice that it is not assumed that this study's exploration will be "complete" as a function of triangulation. Instead, triangulation is considered a useful tool to explore the multiple dimensions of young people's sensemaking during the COVID-19 lockdown (Flick, 2018; Lambert & Loiseau, 2008).

Data collection

For the speeches, purposive sampling (Patton, 2002) yielded three speeches by the Danish prime minister Mette Frederiksen, reflecting the three press conferences held since the national lockdown on March 11, 2020. These speeches functioned as the public's primary source of information about the situation. To incorporate the perspective of another influential leader, a speech by the Queen of Denmark was included. This extraordinary speech by Queen Margrethe II on March 17, 2020 was an appeal to the Danish people to understand the gravity of the situation. The four speeches present a key site where COVID-19 and behavioral guidelines are introduced and discussed explicitly ($n = 4$ speeches). Speech transcripts were obtained from the Danish Parliament's and the Danish Royal House's official websites (<https://www.stm.dk/>; <https://kongehuset.dk/>) where transcripts are publicly available.

We collected focus group and interview data between 14 and 24, April 2020 in as narrow a time interval as possible to achieve as little change in context as possible and ensure validity for comparing responses. We used different communication platforms such as Zoom, Skype, and phone calls due to the social distancing guidelines for the interviews and focus groups. To recruit participants between 18 and 29 we used a purposive sampling strategy with none considering themselves to be part of a "vulnerable" group. In addition, we aimed to recruit participants representing different living conditions, occupations, and parts of the country. We recruited participants through relevant groups on social media and further utilized a snowball sampling because it proved challenging to recruit enough participants for the focus groups through social media. Consequently, all focus groups were "natural" (Bauer & Gaskell, 1999); that is, participants knew each other beforehand. This is a strength in praxis as it ensured free-flowing conversations despite the limitations of online communication

(Stewart & Shamdasani, 2017). Overall, ten individual interviews (male = 5; female = 5; age range = 18–28; mean age = 22) and five focus groups were conducted with a total of 25 participants (male = 14; female = 11; age range = 18–27; mean age = 24). Participants came from 10 different Danish cities. Two lived alone (6%), 13 lived with one to two friends (37%), eight lived with a partner (23%), 11 lived with their parents (31%), and one participant lived in a dorm (3%). The demographic characteristics for all participants were as depicted in Table A1.

The focus groups and individual interviews followed a similar topic guide (Brinkmann & Kvale, 2017). Participants were initially asked about their first thoughts when hearing the word "coronavirus" in a free association task (e.g., Joffe & Haahrhoff, 2002; Mondragon, Gil de Montes, & Valencia, 2017). Following this, questions addressed participants' thoughts on coronavirus (i.e., "is coronavirus a threat to you?") and the guidelines (i.e., "what do you think of the guidelines provided by the Government?"). Additional questions were prepared to explore participants' experiences from before the pandemic to thoughts on the future and moral dimensions following the guidelines.

Method of analysis

The process of analysis entailed three phases. First, the recorded interviews and focus groups were transcribed verbatim using pseudonyms and anonymizing any personal data. Second, thematic analysis was employed using NVivo 12 software, focusing on broad thematic patterning across all data (Braun & Clarke, 2006), including the speeches that were imputed into NVivo 12 verbatim. The analyses of the three datasets were conducted independently, but as they were conducted in a parallel process, the impact of the simultaneous analyses needs to be taken into consideration. After getting familiar with the data, interesting features were coded to systematize the content. Then, the analyses followed an iterative process of sorting the codes into meaningful themes (Braun, Clarke, & Hayfield, 2022); Table A2 provides themes, subthemes, and example quotes. The creation of codes was inductive; however, the existing social representational work on lay responses to infectious diseases informed how the data was approached in this stage of analysis. For example, the researcher looked for where leaders and participants expressed mechanisms of othering. In the third phase, we categorized findings into two perspectives: the leadership perspectives of the speeches and the "lay perspectives" of the focus groups and individual interviews. Further, we organized findings to answer the first research aim, focusing on social representations of COVID-19 and the behavioral guidelines. For each focus, the social representations identified were compared and interpreted. These interpretations lay the foundation for answering the second research question, interpreting how social representations of COVID-19 and the behavioral guidelines inform young people's moral functioning. With this approach, we follow Clarke and Braun (2018) and present findings not as a description and summary of themes but as an interpretation and telling a story about the "so what" of the data. The interpretations are then further examined in the general discussion.

In addition, for the free associations exercise, themes were identified in the participants' first responses based on their explanations as to why these words came up. These themes were then grouped into four broad categories that were briefly described. The free association task was a "warm-up" for the following interviews.

While a disinterested role was sought throughout the research process (Bauer & Gaskell, 1999), thematic analysis is always an interpretative process (Braun, Clarke, & Hayfield, 2022) and in the context of this study,

the fact that the first author is a young citizen in Denmark might have influenced the interpretations (Flick, Foster, & Caillaud, 2015).

FINDINGS AND DISCUSSION

Social representations of COVID-19

Leadership social representationsThe most prevalent theme in the speeches is the idea of COVID-19 as a threat, supported by subthemes understanding it as foreign, intentional, and with potential societal consequences. In the speeches by both leaders, COVID-19 is accordingly understood as something coming from outside of Denmark:

Coronavirus is a dangerous guest. (HMQM_03.17.20)

We also have to remember that we are connected to the rest of the world. That is why the corona virus has spread so fast. And why, of course, we cannot open the borders now. We must not pick up new infection from outside. (PM_03.30.20)

In the citations, Denmark is defined as the “inside” being threatened by a guest from the “outside.” Accordingly, the Danish people are perceived as a “we” are battling a common enemy. By defining COVID-19 as a dangerous guest, it is perceived as something contemporary that can be contaminated by closing the borders. Further, understanding COVID-19 as a guest personifies the virus. In another citation, COVID-19 is understood as an active agent able to make decisions:

Coronavirus does not differ between an Italian, American, or Dane. (PM_03.11.20)

In the preceding extract, we see that coronavirus is as an agent that actively chooses to not differ between nationalities. The personification of the virus makes it easier to grasp that COVID-19 poses a threat to the Danish people and cannot be snubbed as something irrelevant. In another citation, the personification is made more animated as the prime minister described COVID-19 as a living creature capable of carrying sly intentions:

Corona spreads fast. But affects our bodies slowly. This makes this disease extra insidious. Because it can – so to say – lure us into a trap as a society. Make us believe that we have it under control. Make us incautious. So that the disease once again gets the chance to flare up. (PM_04.06.20)

In the preceding extract, coronavirus is personified as an evil creature luring the Danish population into a trap. Consequently, the virus itself becomes a societal enemy, demanding that the Danish public stays cautious to avoid health risks and societal consequences. These potential consequences of COVID-19 further contribute to the social representation of COVID-19 as a threat. As they were still hypothetical in Denmark, the gravity of the situation was aimed made tangible by referring to the situation other countries:

Italy is shut down. Respirators and staff are lacking in hospitals. I would like to emphasize: This is not a bogey.

This is not an imaginatively conceived future scenario. It is the reality of a country that most of us know. Where many have been on vacation. A country in Europe. In our part of the world. (PM_03.11.20)

In the preceding extract, the threat of COVID-19 is anchored in the situation in Italy and made tangible as Italy is perceived as a country much-like Denmark. The media coverage of Italy is an example of how bad the situation can become and contributes to the social representation of COVID-19 as a threat that needs to be handled.

Lay social representations

Free associationsAs presented, the focus groups and interviews began with a free association exercise about the word “coronavirus” to map an initial and spontaneous level of engagement with the issue. Participants answered the task with single words, resulting in a corpus of 45 words, with 30 words being unique. The free associations can be grouped into four thematic categories as reflected in Fig. 2.

Results illustrate that responses categorized as “social consequences” account for the largest proportion of first free associations making up 49% of words. The societal responses to the virus and social aspects, with words like “isolation,” “lockdown,” and “quarantine” being mentioned are most common here. The second most salient theme is “health consequences” counting for 20% of the responses. Words referring to the health threat of coronavirus, including the groups most at risk, define this category. Words like “old people” and “family” suggest that the participants perceived the risk to concern these specific groups, perhaps instead of themselves. The third thematic category is “emotional responses,” mostly described by negative feelings. Finally, the fourth thematic category includes words referring to communications concerning coronavirus, accounting for 13% of the words.

These results suggest that young people mainly associate coronavirus with the social consequences in their everyday life and, to a lesser degree, health consequences. Further, the negative emotional responses such as “quietness” and “are social consequences of the 2020 lockdown.”

Semi-structured interviews and focus groups

Social representations of COVID-19 are examined in the following interviews and focus groups. As in the speeches, a theme is that COVID-19 is understood as a threat, identified in different anchors and objectifications. One is the objectification of COVID-19 as a living enemy, which is brought up by a participant in one of the focus groups:

I think we all know that the virus will stay in our society for a long time, and that thing about it being invisible and insidious, as Mette Frederiksen always says, only creates more insecurity about what it is and what it does, and we still do not know if it can mutate and all that so it is all so unknown [...] because of an invisible enemy you cannot control. It is frightening. (Olivia, FG_2)

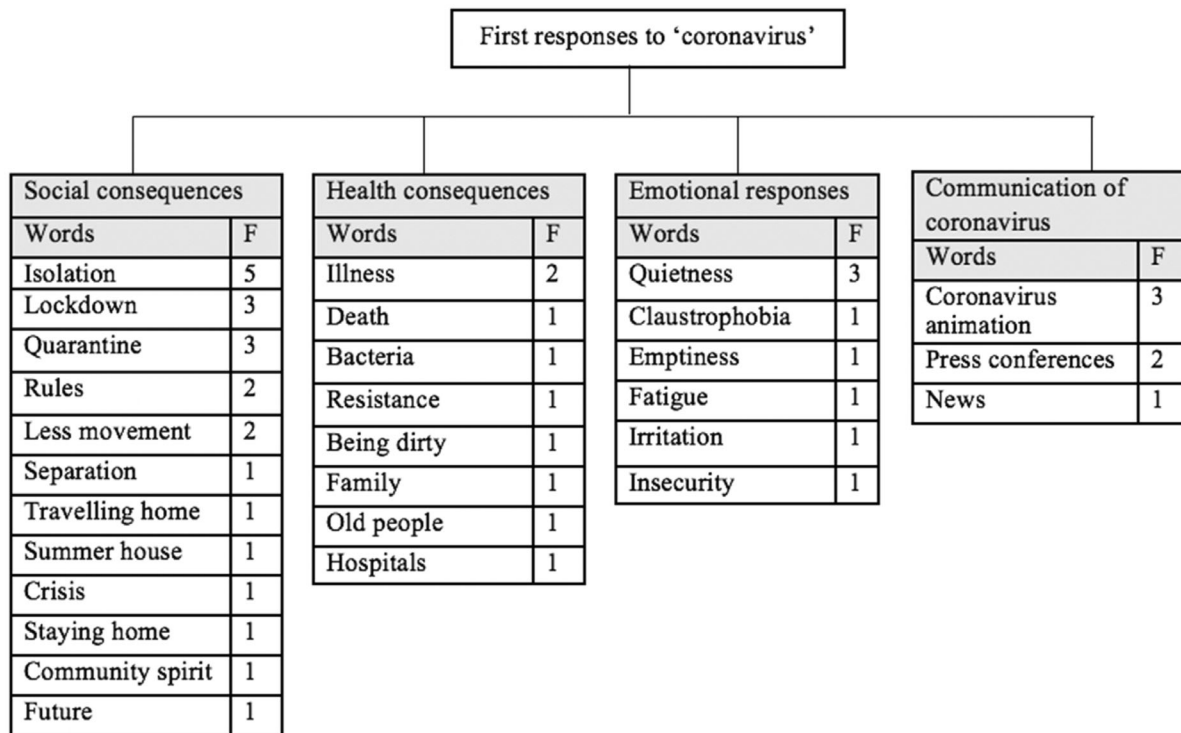


Fig. 2. Hierarchical overview of mentioned keywords and count of words from free associations task.

To facilitate an understanding of the invisible threat, Olivia refers directly to the prime minister's personification of COVID-19 as an insidious enemy. Further, the lack of knowledge about the virus and its invisibility contributes to the representation of the threat. Like in the speeches, several participants grasp the societal threat of COVID-19 by comparing Denmark's situation to other countries. In this context, Italy is mentioned several times as a scare story:

Yeah, well I also think that when you can mirror yourself in other countries, then the reason that I am quite happy about the restrictions is that when you look at Italy, for example, then you think "phew, I'm very happy to live in Denmark". (Mark, FG_1)

As reflected in the citation, participants anchor their understanding of how bad things can get in their perception of the situation in Italy. Besides feelings of gratitude to living in Denmark, this anchor also creates support for the behavioral guidelines. Further, the citation demonstrates that the behavioral guidelines are perceived as means to control the threat. Accordingly, they can be understood as the objectified response to the threat of COVID-19.

In contrast to the representation of COVID-19 as a threat, a second theme is the understanding that COVID-19 does not pose that big of a threat, especially not to young people. Accordingly, while an underlying sense of doubt is shared through all interviews and focus groups, almost all participants perceive themselves to have a low vulnerability to the disease. This is reflected in one of the focus groups when the participants were asked if they were afraid of getting infected with coronavirus themselves:

Mark: No

Vincent: Nooo...

Daniel: I am not in the risk zone in relation to the age group like, I quickly realized in comparison with other illnesses, like just regular flu, how many people actually die yearly, and then I think that we also had a lot of teachers (...) who were like "calm down, it's NOTHING," while the media blew it up.

Mark: I think that because I have some family in the risk group, I am like, I am a bit afraid to get infected because if they get infected, it might be bad. [...] But it is not a personal worry to be infected. (FG_1)

As seen previously, Daniel downplays the threat of COVID-19 by comparing it to the flu. Further, he anchors this idea of COVID-19 as a non-threat in authorities close to him while criticizing the media. The representation of COVID-19 as no threat to young people is further nuanced by Mark, who expresses more concern about being an infection carrier rather than being infected himself. This fear is common amongst participants across focus groups and interviews and contributes to the representation of COVID-19 as a threat, just not a threat to young people.

The two contrasting themes illustrate polemic aspects in the young people's sensemaking of COVID-19. A third theme in the interviews is the process of sensemaking itself, as the threat of COVID-19 is described as difficult to grasp. A lot of the participants accordingly describe that their risk perception is subject to significant change:

It is as if there are several phases because in the beginning, you are like, "listen, it's a fucking virus like all the others" [...] and then suddenly, you start to feel extra insecure about it because it is something you cannot see [...] but

now, I might unfortunately have entered a phase where I am like “but is it really that dangerous?” (Luke)

First, Luke describes an initial skepticism towards the risk of coronavirus as he anchors his understanding of the virus to his knowledge of previous viruses. He then describes sudden insecurity as a function of the virus’ invisibility, as the threat becomes unpredictable. Finally, he describes how he is starting to reexperience doubt about the threat of coronavirus. The defined process demonstrates that multiple representations of COVID-19 compete in their claim of reality. In this process, the individual uses their previous knowledge and current abilities to make sense of the new phenomenon. Interestingly, Luke’s perception that he “might unfortunately” have begun to discount the threat of COVID-19 indicates an underlying idea that COVID-19 should be taken seriously. Other participants describe similar accounts of constantly changing perceptions; however, an underlying understanding of COVID-19 as a threat is consistent.

Making sense of the behavioral guidelines and links to moral functioning

Leadership social representation. In the speeches, the behavioral guidelines are consistently understood as effective means to handle the threat of COVID-19, which makes up the central theme. Consequently, the public is encouraged to adapt their moral functioning to follow the behavioral guidelines. One of the ways this is pursued is by emphasizing the simplicity of the guidelines:

The authorities’ advice is really rather simple: Wash your hands. Keep a distance from others. Avoid physical contact. Stay at home. (HMQM_03.17.20)

The citation demonstrates how the behavioral guidelines are understood as clear pathways toward resolving the threat of COVID-19. Further, another subtheme is that behavioral guidelines are considered synonymous with community values. Adherence is accordingly considered a way to help society:

We need community spirit. We need helpfulness. I would like to say thank you to citizens, companies, organizers, voluntary organizations – everyone who has so far shown that this is exactly what we have in Denmark – community spirit. (PM_03.11.20)

In the citation, the behavioral guidelines are understood as consistent with national values such as “community spirit,” which, in turn, defines a “we.” Further, the Danish population is introduced to the idea that the majority is already complying with the guidelines, an idea that might motivate further compliance. The idea of community is also emphasized when addressing behavior that deviates from the guidelines:

This is why it worries us deeply when we hear that some have started to be more relaxed about it all. [...] A small shift in our behavior as individuals can have serious consequences for our entire community. PM_04.06.20.

As reflected in the citation, deviant behavior is cautiously addressed as “relaxed” rather than, for example, “defiant,”

suggesting that the population is still unified in the question of adherence. However, a consequence of perceiving the behavioral guidelines as synonymous with values about community is that deviant behavior can also be judged as egoistic and careless. Whereas the prime minister does not mention this aspect, the Queen expresses non-tolerance for deviant behavior:

We still see groups of all ages in far too close proximity. There are even some who still hold parties [...] That is not a decent way to behave. It is thoughtless, and, first and foremost, inconsiderate. (HMQM_03.17.20)

While the Queen emphasizes that deviant behavior is observed in all age groups, she condemns those who hold parties as behaving indecent, thoughtless, and inconsiderate. The extract accordingly illustrates that the behavioral guidelines are closely related to moral values, which opens a possibility to condemn those who do not follow them.

Lay social representations. Like the speeches, participants widely understand the behavioral guidelines as means to solve the perceived threat of COVID-19, which makes up a central theme. They consequently express mainly support for the guidelines and use these to inform their daily moral reasoning. Many consider it a privilege to be able to help just by staying home:

The good thing is [...] that you have really realized how [...] good you have it, like “fuck, man this is so easy, it’s so easy to save the world from your couch with your MacBook and Netflix.” (David, FG_5)

Several of the participants further mention their trust in authorities as a crucial factor in the question of adhering to the guidelines. Accordingly, a subtheme is the perceived trust in authorities, and across interviews and focus groups, participants broadly express positive perceptions. These perceptions are often founded in high perceived transparency of the Government and central leaders such as prime minister Mette Frederiksen, who is often intimately referred to as “Mette” or “Mother Mette.” Consequently, adherence to the guidelines is not perceived as naïve but rather as trustful:

Anne: I am surprised by how orthodox we are, before I just thought that we did whatever suited us, but people have really fallen into line. Have you guys thought about that?

Victoria: No, I just feel like we have high levels of trust. [...] it just shows that in Denmark, we actually trust the Government, and we do not really feel like anything is being kept secret.

Olivia: Also trust in each other. Like, it is also about me having trust in that every other citizen does the same because otherwise, I do not want to do it. [(FG_2)

As reflected in the citation, the Danish population’s drastic change of behavior and compliance with the behavioral guidelines is a function of Denmark’s high levels of trust in authorities. Further, this trust extends to the Danish population and the belief that everyone follows the guidelines. Adherence to the guidelines is widely considered synonymous with the moral value of solidarity with the community and is identified as another

subtheme. However, while the moral value of solidarity is widely shared in theory, interpersonal confrontations challenge it in practice:

David: It is a funny thing about moral, [...] the Friday after Denmark was shut down, one of my friends spontaneously held a party in his apartment and wrote on Instagram "hey, let's have a party," 40 people, and then I just texted him the day after; [...] like, not in a preaching manner or [...]

Researcher: and why should it not be in a preachy manner?

David: Because it should be like/it is a good question/I actually think that I considered for a few hours, if I should text him, but then I was like "hey, this has got to be enough! No idiot can run around throwing parties". I definitely felt, like, bound to the community to say something to him. (FG_4)

The example illustrates how the behavioral guidelines produce moral conflicts that the individual must navigate. While David's decision to act is associated with significant doubt and discomfort, he has adapted his moral reasoning to the behavioral guidelines to the extent that he perceives his decision to react as an obligation to the community. Further, while he is cautious not to appear "preachy," he morally condemns his friend's actions and labels him inconsiderate. This judgement is an example of othering. The ingroup is defined as those who adhere to the guidelines, and the outgroup is those who deviate. Accordingly, a second theme is that the behavioral guidelines are dividing the public and an experience of othering is consistent throughout the participants' experiences:

I do not feel like we are standing together apart, I feel that we are apart. [...] I feel like this is only dividing us more because now we have a reason for hating each other a bit more or be afraid of each other. (Adam)

I think that we are all judgmental in some way [...] but the important thing is to simultaneously hold another, more understanding thought, which is one I am trying to embrace now. It is very difficult. And it is probably also why I try to avoid going outside, because I do not want to be that way [...], it is too negative. (Sophia)

As reflected in the citations, participants expressed concern about the social and emotional consequences of the lockdown. Instead of unity, they describe division and negative emotions, which sometimes make them want to avoid social interactions. The two contrasting ways of making sense of the behavioral guidelines result in conflicting feelings of community and othering. This conflict becomes prevalent in interpersonal interactions such as social distancing:

Benjamin: I think it would be a shame if we begin to change our understanding of each other, if we begin to see each other as infection carriers and not as other people, so I am afraid that if any of this continues, I am afraid for this extreme consideration, which is actually some

kind of distancing, that we will not get close to other people in our society.

Agnes: That is strange, because that thing about distancing, to me it is not about being afraid of each other; [...] I think that to me, it is about me being afraid of infecting others, so in that way, it is community spirit to me to stay at a distance. (FG_5)

In the preceding extract, the two participants hold incompatible perceptions of the practice of social distancing. While Benjamin is afraid of othering mechanisms to manifest in society, Agnes perceives social distancing as an act of community spirit. These competing perceptions illustrate polemic aspects of sensemaking of the behavioral guidelines in which previous and "new" moral guidelines conflict and lead to ambiguity in the participants' daily moral navigation. This ambiguity is further enhanced by observing other people in the local community, as a small margin of liberal interpretation in the guidelines resulted conflicting interpretations:

Olivia: I think that the guidelines have been good [...] I just think that it is difficult to judge what you can do because you look at other people's behavior and mirror yourself in them.

Researcher: And why is it difficult?

Olivia: Well, it's because [...] like, it's up to you to judge what is the most sensible thing to do and even though you can be up to 10 people gathered, you cannot really relax in being more than one.

Anne: Yes. I have felt frustrated about why they do not just state that we can only gather five or two people [...] It had probably just been easier for people to understand because there will always be those people who think "well, we are nine so it's okay!" (FG_2)

The understanding that behavioral guidelines are open to interpretation is the third theme. As reflected in the citation, participants base their interpretation of the guidelines on not only their own perception but also the observed behavior of fellow citizens and the degree to which they trust them. As these different practices present polemic aspects of COVID-19, participants are exposed to multiple and often incompatible interpretations daily. Consequently, they are ambivalent in navigating the guidelines, and the small margin open to interpretation is a source of significant debate and distress.

Generally, interpersonal exchanges are central in the participants' daily interpretation of the behavioral guidelines. The focus groups allow insight into such interpersonal exchanges and how participants actively negotiate their moral beliefs with each other. Interestingly, very few disagreements are observed despite the ambiguous process of interpreting the guidelines, and if conflicting attitudes are expressed, the participants rarely confront them. Instead, participants are observed to adapt to each other's opinions. Perceived social norms in the close community are thus found to influence participants' sensemaking and, thereby, moral functioning. Ultimately, this tendency may be an expression of the young individual's "corona moral" as a participant expresses in one of the focus groups:

Victor: I think I might be a bit wobbly in my corona moral, that is, I just tend to assimilate whatever I happen to be around

GENERAL DISCUSSION

The link between social representations and young people's moral functioning

This study set out to investigate how COVID-19 was represented by Danish leaders and young people during the lockdown in the Spring of 2020 and discuss how this informed young people's moral functioning. Results demonstrate how the drastic social changes of the lockdown affected the cultural resources that the individual would usually use to solve the tasks of moral functioning (Haste & Abrahams, 2008). While aspects of the leaders' coherent and community-oriented communication were dominant in young people's sensemaking, multiple, often polemic, representations co-exist. We accordingly see that the social representations that would usually inform young people's moral sensemaking and affirm their moral identity required constant substantial negotiation.

Moral sensemaking

First, at the centre of this negotiation was the collective sensemaking of COVID-19 and the according behavioral guidelines as satisfactory personal moral explanations or guidelines. Across the leadership and lay perspectives, COVID-19 is unanimously represented as a threat. While it is impossible to determine the extent of the speeches' influence on young people's perceptions, many participants anchor their representation of COVID-19 in their communication, especially the prime minister's. This tendency suggests that general trust in authorities was high at the time of this study (Böhm *et al.*, 2020) and that leaders were influential in their communication of COVID-19 as a threat. Further, an interesting finding is a general idea that COVID-19 does not pose a threat to young people. While this finding has also been documented in previous research (Mayor *et al.*, 2013), it is interesting because the long-term effects of coronavirus were still widely unknown at the time of this study in April 2020, and possible consequences for young people were still unclear (WHO, 2020b). We may understand this idea as a function of communication by central leaders, media, and health authorities (Danish Health Authority, 2020), which may have intensified young people's tendency to discount risk (Drury, Reicher, & Stott, 2020) and perceived low vulnerability to germs (Gilles *et al.*, 2013). We accordingly see that instead of a personal health threat, young people primarily perceive COVID-19 as a societal threat, underlining the moral aspect of adapting their moral guidelines despite negative emotional consequences.

As a response to the threat of COVID-19, the behavioral guidelines are widely understood as suitable means for stopping the spread, thus becoming moral guidelines. The apparent simplicity of the guidelines is found to motivate adherence and may be crucial in public communication as feelings of self-efficacy are central to promoting behavioral change (Jaspal & Nerlich, 2020). Another significant finding is that adherence to

behavioral guidelines is widely considered synonymous with moral values about the community. During the Spring of 2020, the idea of community spirit became widespread in Denmark and was later declared the "word of the year" (Ritzau, 2020b). While this suggests that the prime minister's communication strategy was efficient, it also supports research suggesting that community-oriented communication is influential in promoting behavior change during societal crises (Drury, Reicher, & Stott, 2020; Elcheroth & Drury, 2020). We see that the social representation of COVID-19 as a threat and the behavioral guidelines as suitable means for handling the threat are found to give satisfactory personal moral explanations to the young people that inform their moral functioning.

However, while this moral explanation was found to be satisfactory in theory, we see that it is constantly challenged in young people's meetings with everyday life, challenging their moral sensemaking. There is outspoken insecurity amongst the participants, as they point to polemic aspects in the representation of COVID-19 as a threat. For example, we see that young people are confronted with conflicting representations by chosen trusted authorities such as high school teachers (van Bavel *et al.*, 2020) and people in their close community (Farias & Pilati, 2020; Lees, Cetron, Vollberg, Reggev, & Cikara, 2020; Nivette *et al.*, 2020). These findings suggest that, despite the coherent communication by leaders, social representations of COVID-19 were at the divergence phase in March and April 2020 (Gilles *et al.*, 2013), a stage characterized by uncertainty and ambiguity. Accordingly, while adherence to the behavioral guidelines is simple in theory, young people described it as more complicated in practice, especially when navigating interpersonal interactions. Consequently, as Prosser, Judge, Bolderdijk, Blackwood, and Kurz (2020) predicted, the daily interpretation of adherence to the guidelines presents interpersonal challenges. These challenges may have developed due to the divergence phase as participants are confronted with multiple, and sometimes polemic representations of COVID-19 objectified in different practices (Gilles *et al.*, 2013). Further, the new moral guidelines sometimes conflicted with previous guidelines, for example, whether young people interpreted social distancing as an act of community or othering. The young individual must navigate an uncertain environment, which is a source of ambivalence.

We thus see that the polemic aspects of the multiple representations challenged young people's construction of satisfactory personal moral guidelines for resolving conflicts. Further, as the spread decreased, we see that more polemic representations developed and the population started to question the authorities (Böhm *et al.*, 2020). To cope with the ambivalence caused by the polemic representations, we found that young people used adaptation as a strategy. Young people were accordingly found to base their moral functioning on community values in theory and adapt to their close community in practice. As one of the participants said, they found their moral functioning to be "wobbly," as they would adapt their moral explanations to their surroundings when resolving conflicts.

Constructing a moral identity

Second, we see that the multiple social representations of COVID-19 and the behavioral guidelines challenged the young

people's affirmation of their moral identity. In accordance with previous research, our findings suggest that uncertainty favors the emergence of coping strategies like othering (Gilles *et al.*, 2013). However, the character of othering was also negotiated in the definitions of ingroup and outgroup. An interesting example is the disparity in thoughts about the foreignness of the virus between leadership and lay social representations. While both leaders emphasize the virus as being foreign, none of the participants is found to be preoccupied with the virus' origin. For example, none of the participants mentions societal outgroups like the Chinese in the free association exercise, which stands contrary to previous research on social representations and pandemics (e.g., Mondragon, Gil de Montes, & Valencia, 2017). Instead, all words were related to their personal experience or the Danish society, maybe due to young people's attitudes against outgroup blaming (Gilles *et al.*, 2013).

Our results are similar to previous research suggesting that the function of othering changes to more local groups once the virus is geographically close (Mayor *et al.*, 2013). The most prevalent group subject to othering is individuals whose behavior deviates from the behavioral guidelines. As opposed to the ingroup of community, the outgroup is defined as careless and selfish. Accordingly, we see that the behavioral guidelines caused by COVID-19 introduced new categories of ingroup and outgroup in society based on perceived adherence and deviance. In this context, othering served as a coping strategy for identity protection. Blaming others for causing the spread may have bolstered young people's shared identity with the rest of the adhering public as a solution to the problem.

However, two significant challenges were detected in the othering of this group. First, because the behavioral guidelines were open to some interpretation, participants expressed doubt in judging what behavior could be considered as deviating in the first place. Second, several participants described discomfort as people who would usually be considered ingroup suddenly turned outgroup. Because young people were exposed to polemic representations in their everyday lives, the affirmation of their personal and moral identity was constantly challenged. Due to these challenges, mechanisms of othering are not only associated with protecting the ingroup but also negative emotions. Two strategies are identified to cope with these negative emotions. One coping strategy is to avoid interpersonal interactions in public, allowing the individual not to be exposed to the polemic aspects of the guidelines. Another more common coping strategy is to adapt to one's close community. Accordingly, our findings support previous research, illustrating people's proneness to adaptability in insecure situations like COVID-19 (i.e., Drury, Reicher, & Stott, 2020; Farias & Pilati, 2020; Lees, Cetron, Vollberg, Reggev, & Cikara, 2020; Nivette *et al.*, 2020). Young people are accordingly found to base their perceptions on values of community in theory and adapt to their close community in practice.

CONCLUSION

The strength of the framework of social representations is its ability to understand members of the public's accounts of a given emerging infectious disease as knowledge in their own right rather than as deficient forms of scientific knowledge. While COVID-19 is an exceptional circumstance, the study of public

sensemaking may prove useful for studying other rapid social change efforts surrounding moralized practices, such as the climate crisis. Thus, psychological and behavioral challenges are important to examine and to be considered when facing new threats in the future.

Suggestions for further research and practical implications

As previous diseases shape how we think of future diseases, further research on COVID-19 can be key to understanding potential outbreaks in the future (Mondragon, Gil de Montes, & Valencia, 2017). First, as local contexts of lockdowns affect psychological thinking (Drury, Reicher, & Stott, 2020; Rudert *et al.*, 2021), further research is needed in different contexts and populations. This is central because Danish young people may differ from other groups in both Danish and international societies in central aspects such as societal levels of trust. Further, media analyses could explore the complex interrelationship of media and lay thinking concerning pandemics and other topics (Joffe & Haarhoff, 2002; Okoroji, Gleibs, & Jovchelovitch, 2020; Washer & Joffe, 2006). Second, more longitudinal research on social representations during disease outbreaks is needed (Eicher & Bangerter, 2015) to track the conversion of specific representations. Mapping out these transitions would provide an inroad to understanding how social representations change in public spheres during pandemics. Third, research on adhering to behavioral guidelines could benefit from applying a social identity approach, exploring how moral positions may have the potential to be re-appropriated as self-adopted identities (e.g., "I'm a proud Distancer") (Jetten, Reicher, Haslam, & Cruwys, 2020; Prosser, Judge, Bolderdijk, Blackwood, & Kurz, 2020). Finally, as the virus continues to exist in societies and future pandemics may emerge, it is crucial to facilitate qualitative research into pandemic-related social responses as this can inform constructive government handling (Teti, Schatz, & Liebenberg, 2020).

The observed proneness to adaption and othering in the results contributes to the understanding of COVID-19 as not only a medical pandemic but also a social phenomenon (Leach, Parker, MacGregor, & Wilkinson, 2020; Teti, Schatz, & Liebenberg, 2020; van Bavel *et al.*, 2020) and should be treated as one. As the public's "common sense" regarding COVID-19 is crucial to whether they will adhere to the behavioral guidelines, these notions are no less critical for policymakers to understand than their more medically orientated "knowledge." Thus, when faced with new complex threats (e.g., pandemics, climate crisis, war), this study suggests that people will first listen to public leaders and ultimately adapt to their surroundings. This underlines the importance of coherent communication across leaders, describing the threat and means to handle the threat for the public to understand and apply. Further, this study demonstrated effectiveness in motivating adherence in public through promoting community-oriented values. By understanding the threat as a common challenge and stressing shared responsibility, behavioral change is motivated even in groups who do not consider themselves in personal danger. Further, while mechanisms of othering were observed amongst the young people, results suggest that the promoted values of community perhaps counteract mechanisms of othering to develop.

CONFLICT OF INTEREST

This research was approved by the LSE Department of Psychological and Behavioral Science Research Ethics Committee on April 3rd 2020. All participants provided written informed consent prior to enrolment in the study. The authors do not have any conflict of interest to report.

DATA AVAILABILITY STATEMENT

The data that support the findings of the speeches analyses in this study are available at <https://www.stm.dk/>; <https://kongehuset.dk/>. The data that support the findings from the focus groups and interviews are available on request from the first author, [SHC]. The data are not publicly available due to their containing information that could compromise the privacy of research participants.

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APPENDIX A

Table A1. Demographic information for all participants

	Participant	Gender	Age	Living situation during quarantine	Occupation
I1	Emma	Female	26	Apartment with partner, Copenhagen	Ph.D. student
I2	Lesley	Female	25	Apartment with partner, Copenhagen	Physiotherapist
I3	George	Male	18	Dorm, Copenhagen	High school student
I4	Sophia	Female	19	Apartment alone, Odense	High school student
I5	Adam	Male	19	House with parents, Roskilde	High school student
I6	William	Male	19	House with parents, Aalborg	High school student
I7	Luke	Male	28	Apartment with partner, Copenhagen	Student at university
I8	Matt	Male	26	Apartment alone, Copenhagen	Bar manager
I9	Sally	Female	21	Apartment with friends, Copenhagen	Sales assistant at bakery
I10	Catherine	Female	19	House with parents, Ishøj	High school student
FG_1	Daniel	Male	19	House with parents, Aalborg	High school student
	Mark	Male	19	House with parents, Aalborg	High school student
	Vincent	Male	18	House with parents, Aalborg	High school student
FG_2	Jonathan	Male	20	House with parents, Aalborg	High school student
	Anne	Female	26	House with parents, Frederikssund	Unemployed
	Olivia	Female	26	Apartment with a friend, Copenhagen	University student
	Phoebe	Female	27	Apartment with partner, Copenhagen	University student
	Scarlett	Female	24	Apartment with friends, Copenhagen	University student
FG_3	Victoria	Female	25	House with parents, Rødovre	University student
	Zoe	Female	27	Apartment with friends, Copenhagen	University student
	Gemma	Female	26	Apartment with friends, Copenhagen	University student
	Audrey	Female	26	House with parents, Aarhus	University student
	Gary	Male	26	Apartment with friends, Copenhagen	University student
	Matthew	Male	26	Apartment with partner, Copenhagen	University student
	Nicholas	Male	26	Apartment with friend, Copenhagen	University student
FG_4	David	Male	25	Apartment with friend, Copenhagen	Working in private sector
	Rebecca	Female	25	Apartment with friends, Copenhagen	University student
	Agnes	Female	25	Apartment with partner, Copenhagen	University student
	Benjamin	Male	24	Apartment with partner, Copenhagen	University student
	Lukas	Male	24	Apartment with friends, Copenhagen	University student
	Amber	Female	27	Apartment with partner, Copenhagen	University student
FG_5	Walter	Male	22	Apartment with friend, Copenhagen	University student
	Oscar	Male	23	House with parents, Silkeborg	Student at Danish folk high school
	Victor	Male	23	Apartment with friends, Copenhagen	Unemployed
	Simon	Male	22	Apartment with friend, Copenhagen	University student

Table A2. *Global themes, themes and subthemes*

Theme	Subtheme	Examples
Leadership social representations Coronavirus is a threat	Foreign/comes from the outside	We also have to remember that we are connected to the rest of the world. That is why the corona virus has spread so fast. And why, of course, we cannot open the borders now. We must not pick up new infection from outside. The borders will remain closed, so we shield ourselves from outside infection. The coronavirus is a dangerous guest.
	Fast/out of control	Corona virus spreads extremely fast. It is already spreading fast in this country. Too fast. It spreads like wildfire, extremely fast. One person can infect many – even without feeling sick, and the infection will be passed on to many more, a long and terrifying chain. In this chain, people will die.
	Personification of COVID-19	Coronavirus does not differ between an Italian, American, or Dane. Corona spreads fast. But affects our bodies slowly. This makes this disease extra insidious. Because it can – so to say – lure us into a trap as a society. Make us believe that we have it under control. Make us incautious. So that the disease once again gets the chance to flare up.
	The potential societal consequences are serious	We stand on untrodden land. We are in a situation that does not resemble anything we have tried before. Are we going to make mistakes? Yes Am I going to make a mistake? Yes. Denmark faces a serious situation. We share this fate with all of Europe, indeed, with the rest of the world. We must minimize the activity as much as possible. But without stopping Denmark completely. We must not throw Denmark into an economic crisis.
Behavioral guidelines are effective means to handle the threat of COVID-19	Simple	“The authorities’ advice is really rather simple: Wash your hands. Keep a distance from others. Avoid physical contact. Stay at home.”
	Community spirit	We need community spirit. We need helpfulness. I would like to say thank you to citizens, companies, organizers, voluntary organizations – everyone who has so far shown that this is exactly what we have in Denmark – community spirit.
	Deviating from guidelines as selfish/careless	This is why it worries us deeply when we hear that some have started to be more relaxed about it all. [...] A small shift in our behavior as individuals can have serious consequences for our entire community. “We still see groups of all ages in far too close proximity. There are even some who still hold parties [...] That is not a decent way to behave. It is thoughtless. And, first and foremost, inconsiderate.”
Lay social representations COVID-19 is difficult to grasp (sensemaking)	Perception is constantly changing	It is as if there are several phases because in the beginning, you are like, “listen, it’s a fucking virus like all the others” [...], and then suddenly, you start to feel extra insecure about it because it is something you cannot see [...], but now, I might unfortunately have entered a phase where I am like “but is it really that dangerous?”
	Conflicting views in society	That’s what’s going on with this, it’s that people are completely different in terms of their level of paranoia, or whatever you say [...]. So it is so, /these are very different levels I think, and there are also, there are also some of my friends who have been told by their parents “you must not go outside the house” and there are also some who have been told nothing such.
	COVID-19 is invisible	I had an experience yesterday, [...] where someone came down with some jugs of beer for us and they wore gloves, [...] and then we had to sanitize the handles, like, it was just very concrete that thing about sanitizing a completely clean handle and then really wipe away knowing “it might be that right here, there is something that kills a lot of people and NOW it’s gone, because I’ve used sanitizer.”
COVID-19 is a threat	Personification of COVID-19	[...] I think we all know that the virus will stay in our society for a long time, and that thing about it being invisible and insidious, as Mette Frederiksen always says, only creates more insecurity about what it is and what it does, and we still do not know if it can mutate and all that so it is all so unknown [...] because of an invisible enemy you cannot control. It is frightening.
	Uncontrollable	[...] I think we all know that the virus will stay in our society for a long time, and that thing about it being invisible and insidious, as Mette Frederiksen always says, only creates more insecurity about what it is and what it does, and we still do not know if it can mutate and all that so it is all so unknown [...] because of an invisible enemy you cannot control. It is frightening.

(continued)

Table A2. (continued)

Theme	Subtheme	Examples
	Invisible	But I do not know, I think it's some horror mechanism in the head that when you cannot see the scary thing when it comes, when it's just something abstract that does not make sense.
	Comparison to other countries	Yeah, well I also think that when you can mirror yourself in other countries, then the reason that I am quite happy about the restrictions is that when you look at Italy, for example, then you think "phew, I'm very happy to live in Denmark".
	Fear of being an "infection carrier"	Mark: I think that because I have some family in the risk group, I am like, I am a bit afraid to get infected because if they get infected, it might be bad. [...] But it is not a personal worry to be infected. R: Are you afraid of getting infected with coronavirus yourselves? P1 & P2: No P3: Maybe a little, or mostly because you do not want to infect others you are close to like. I do not really see that you can avoid it because you will not realize it till later P4: I also think that I'm mostly concerned about or like would feel bad conscience if "okay, so if I have it now, then I have probably infected a lot of other people the past few days or. . .
COVID-19 is not that dangerous	Will not hurt young people	Researcher: Are you afraid of getting infected with coronavirus yourselves? Mark: No Vincent: Nooo. . . Daniel: [...] I am not in the risk zone in relation to the age group like, I quickly realized in comparison with other illnesses, like just regular flu, how many people actually die yearly, and then I think that we also had a lot of teachers [...] who were like "calm down, it's NOTHING," while the media blew it up [...].
	We all have to get infected at some point	I think people have misunderstood that it has never been the plan that we should not be infected, the plan has been that we should spread the infection. They think we should all try to avoid the infection, but we cannot, we must get sick, we just have to get sick a little staggered by each other. And I can see that people have some very crazy attitudes about this on Facebook.
	COVID-19 is like the flu	Gemma: Yeah, I think so. We had definitely talked a bit in the beginning, like "come on, relax, it's just a flu!" (laughs) like that thing/
Behavioral guidelines are clear means to handle COVID-19	Simple	I really think that one, one has a responsibility to those who are the weak in society. So I think it's easy, it's really easy to just sit at home on your sofa or meet in a way where you do not start new chains of infection. It's easy! The good thing is [...] that you have really realized how [...] good you have it, like "fuck, man this is so easy, it's so easy to save the world from your couch with your MacBook and Netflix."
	Trust in authorities and the community	Anne: I am surprised by how orthodox we are, before I just thought that we did whatever suited us, but people have really fallen into line. Have you guys thought about that? [...] Victoria: No, I just feel like we have high levels of trust. [...] it just shows that in Denmark, we actually trust the Government, and we do not really feel like anything is being kept secret. [...] Olivia: Also trust in each other. Like, it is also about me having trust in that every other citizen does the same because otherwise, I do not want to do it. [...]
	Adherence to the guidelines is synonymous with solidarity with the community	David: It is a funny thing about moral, [...] the Friday after Denmark was shut down, one of my friends spontaneously held a party in his apartment and wrote on Instagram "hey, let us have a party," 40 people, and then I just texted him the day after, [...] like, not in a preaching manner or [...] Researcher: [...] and why should it not be in a preachy manner? David: Because it should be like/it is a good question/I actually think that I considered for a few hours, if I should text him, but then I was like "hey, this has got to be enough! No idiot can run around throwing parties." I definitely felt, like, bound to the community to say something to him [...]
Behavioral guidelines divide the public	Othering/'seeing each other as infections carriers'	I do not feel like we are standing together apart, I feel that we are apart. [...] I feel like this is only dividing us more because now we have a reason for hating each other a bit more or be afraid of each other.
	Negative emotional consequences	[...] I think that we are all judgmental in some way [...] but the important thing is to simultaneously hold another, more understanding thought, which is one I am trying to embrace now. It is very difficult. And it is probably also why I try to avoid going outside, because I do not want to be that way [...], it is too negative.

(continued)

Table A2. (continued)

Theme	Subtheme	Examples
Behavioral guidelines are open to interpretation	It's best to adapt to close community There are conflicting interpretations	Victor: I think I might be a bit wobbly in my corona moral, that is, I just tend to assimilate whatever I happen to be around. [. . .] but it has created some disagreements in society, some conflict you can say, that some have chosen a slightly loose version, where you can gather a lot of people on Dronning Louise's bridge or meet six people inside for dinner, and then some choose the strict version and then they get a little outraged and offended that others are still possibly in the process of making these chains of infection.