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Deposited in *Repositório ISCTE-IUL*:

2023-03-25

Deposited version:

Accepted Version

Peer-review status of attached file:

Peer-reviewed

Citation for published item:

Vacchini, S., Fasoli, F. & Volpato, C. (2021). "You Cannot Get into My Taxi!" Perceptions of a COVID-19-based rejection episode reported in the newspapers. *Journal of Language and Social Psychology*. 40 (5-6), 677-689

Further information on publisher's website:

10.1177/0261927X2111043096

Publisher's copyright statement:

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## **Short Research Report**

**“You Cannot Get into My Taxi!”**

**Perceptions of a COVID-19-based Rejection**

**Episode Reported in the Newspapers**

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### **Abstract**

COVID-19-related incidents of xenophobia have hit the headlines. We asked participants to read about a rejection episode targeting a foreigner and we manipulated whether the rejection was motivated by COVID-19 fears or by no specific reasons. In the COVID-19 condition, the perpetrator was perceived as moral but as experiencing shame and guilt, while the target was seen as experiencing social pain. Helping intentions were predicted by either the perceived victim's social pain or morality and blame associated with the perpetrator.

### **Keywords**

COVID-19, xenophobia, social exclusion, social pain, help.

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In January 2020, the World Health Organization informed the world of the COVID-19 outbreak. The virus quickly spread across European countries and lockdown measures were enforced. Before the lockdown, COVID-19-related xenophobic incidents hit the headlines, and such episodes varied from violent aggression to instances of rejection (Devakumar et al., 2020). While Chinese people were the main target of prejudice worldwide, Italy was the first European country hit by the virus and Italians were seen as a closer threat. This study examines how individuals perceived and reacted toward a COVID-19 rejection episode reported in a newspaper. Mass media play an important role in communicating about prejudice (Power et al., 1996) by conveying social norms on how people should behave (Paluck, 2009). We referred to a real event in which a taxi driver refused to pick up a passenger because of his nationality due to COVID-19 fear (Hawken, 2020).

A recent model of intragroup and intergroup communication (Keblusek et al., 2018) recognizes the role of the media in creating social norms and influencing intergroup attitudes. Xenophobic episodes reported by the media make group membership salient and emphasize the distinction between ‘us’ versus ‘them’ (Harwood et al., 2005). This affects the way media messages are interpreted (Harwood & Roy, 2005) and influence the audience’s behaviors (Giles et al., 2010). In the COVID-19 context, intergroup relations are defined by the threat posed by a group. Research has shown that the outbreak of infectious diseases is associated with fear (Person et al., 2004), and contagion concerns lead people to perpetrate rejection and discrimination of potentially infectious individuals (Bishop et al., 1991; Faulkner et al., 2004). This disease threat constructs foreigners to be a dangerous outgroup (Faulkner et al., 2004). However, less is known about how the audience perceives prejudice triggered by contagion concerns and how media exposure can affect the audience’s reactions.

Morality is an important component of ingroup/outgroup perceptions (Leach et al., 2015) and intergroup attitudes (Killen & Rizzo, 2014). Usually, perpetrators of discrimination are seen as immoral, reproachful, and punishable for their behaviors, because they deviate from anti-prejudice norms (Gino et al., 2010; Reeder et al., 2002). However, in certain circumstances such behaviors

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are justified, and the perpetrators are perceived as moral (Bandura et al., 1996). When the ingroup violates social norms, a morality shift is observed (Leidner & Castano, 2012) and hostile behaviors toward outgroup members are morally condoned, and sometimes even praised, because the outcome (ingroup favoritism) justifies the means (Choen et al., 2006). This happens because the ingroup needs to maintain a positive image (Brambilla et al., 2013). Rejecting a potentially COVID-19 infected outgroup member could see the perpetrator as a potential ‘victim’ of contagion whose behavior is morally justifiable. This could be associated with a reduction of shame and guilt, two moral emotions linked to the perception of moral and social norm violation (Tangney et al., 2007). Indeed, in the COVID-19 context, moral emotions play a role in explaining intergroup relations when norms are violated (Van Assche et al., 2020). Hence, we predict that a perpetrator (taxi driver) rejecting a person because of his nationality due to COVID-19 fear is perceived as more moral, and associated with less blame and shame than when no reason for his behavior is provided (Hypothesis 1).

Rejections represent instances of social exclusion (Blackhart, et al., 2009). Being socially excluded makes individuals feeling distressed, upset, isolated and experiencing social pain (Chow et al., 2008; Gómez et al., 2011; Riva et al., 2011). Being rejected because the person is considered a source of infection due to the country of provenance could be seen by the audience as an instance of xenophobic social exclusion. Thus, we predict that the target (taxi client) is perceived as experiencing more social exclusion and pain when the rejection is trigger by COVID-19 fear and the target’s nationality than when no reason for the rejection is provided (Hypothesis 2).

Since media representation of intergroup relations can influence others’ behavior, we examined the audience’s intentions to help. Helping behaviors are affected by the way a situation is perceived and different processes explain people’s willingness to act. On the one hand, the way the perpetrator is judged, and whether a morality shift happens, can affect bystanders’ behaviors. Helping is linked to morality (Pagliaro et al., 2013) and attribution of responsibility (Heider, 1958). Hence, the audience may not feel the need for intervention when the perpetrators are seen as moral

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and not worthy of blame. Blame is a consequence of the (im)morality attributed to the person and an indicator of the responsibility attributed to the perpetrator (Malle, 2021). In our case, if the perpetrator, rejecting an outgroup member due to of COVID-19 fear is seen as moral, and hence not blamed, a lack of help is likely to emerge (Hypothesis 3a). On the other hand, observing someone being socially excluded not only emphasizes that a non-prejudice norm has been violated, but also triggers prosocial behaviors (Masten et al., 2010; Will et al., 2013). Hence, if rejection motivated by COVID-19 fear (vs. no reason) elicits a higher attribution of social exclusion and pain, the participants' willingness to help would be increased (Hypothesis 3b). We extended the investigation of these processes to the willingness of suggesting self-isolation to the target, namely a restrictive rather than a supportive behavior.

## **Overview**

This study investigates individuals' perceptions of the perpetrator and target involved in a COVID-19 rejection episode reported by the media. We examine whether a COVID-19 rejection leads to a shift in moral standards (perpetrator's morality, moral emotions and blame attribution) and an increased perception of the victim as experiencing social exclusion and pain. This will allow us to understand whether COVID-19 fear-based rejection changes the norms usually condemning xenophobic episodes illustrating negative intergroup relations. We also investigate how individuals imagined they would have reacted in terms of supportive (help) or restrictive (suggesting self-isolation) behavior. This is important since the media play a role in defining normative behaviors and increasing/reducing prejudice. We considered the UK and Italy, two countries severely hit by COVID-19. The rejection episode is based on a real incident reported in UK newspapers, concerning Italian targets. We extended this by presenting the same episode as happening in Italy and involving a Chinese person.

## **Method**

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### *Participants*

From the initial sample ( $n = 222$ ), we excluded 39 participants who failed the manipulation check or whose nationality was different from that of the country they lived in. The final sample consisted of 83 British and 80 Italian participants (129 women,  $M_{age} = 25.21$   $SD = 8.84$ ). The majority of participants had a college/university degree ( $n = 116$ , 71.6%). G\*Power sensitivity power analyses showed that the sample allowed us to detect small to medium effect sizes in both MANOVAs ( $f^2 = .06$ ) and mixed ANOVAs ( $f = .10$ ) when power = .80 and  $\alpha = .05$ .

### *Procedure*

Participants were recruited through social media and among British psychology students.

Participants completed the study online, in English or Italian depending on their nationality. Data collection started on April 20<sup>th</sup> and ended on May 4<sup>th</sup> 2020, during lockdown in both Italy and the UK. After consenting to participate in the study, participants read an extract from an article defining the experimental condition (COVID-19 rejection vs. control). Based on the reading, the participants formed an impression of both the perpetrator and the victim and reported whether they imagined the perpetrator felt moral emotions of shame and guilt and whether the victim felt socially excluded. They also indicated whether they blamed the perpetrator for his behavior, and then indicated whether they were willing to help or suggest to the target to self-isolate. Additional variables were introduced for exploratory purposes (see Supplementary Information). Finally, before being thanked and debriefed, participants reported their demographics and completed two manipulation-check items assessing the victim's nationality (Italian/Chinese vs. unknown) and the reasons behind the perpetrator's behavior (COVID-19 vs. unknown).

### *Materials*

*Experimental Condition.* An article extract describing an episode in which a taxi driver (perpetrator) refused to give a lift to a client (victim). In the experimental condition, the driver's behavior was motivated by the COVID-19 contagion fear and the client's nationality (manipulated by the name), which was Italian or Chinese, in the UK and Italy, respectively. In the control condition, the same

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event was described, but no information about the client's nationality or reason for the driver's behavior was provided.

*Impression Formation.* Participants formed an impression of both the perpetrator and the victim in terms of morality (honest/sincere/trustworthy), sociability (friendly/warmth/likeable) and competence (competent/intelligent/skillful), which are fundamental dimensions of social judgments (1 = *not at all*, 7 = *extremely*; Brambilla et al., 2011).

*Moral Emotions and Blame.* We assessed moral emotions attributed to the perpetrator on 10 items (e.g., 'The taxi driver feels remorse, regret') adapted from the State Shame and Guilt Scale (1 = *he is not feeling this way at all*, 7 = *he is not feeling this way strongly*; Marschall et al., 1994). To assess blame, we adapted 5 items (e.g., 'How much do you think the taxi driver should blame himself for what happened?') from Abrams et al. (2003).

*Social Exclusion and Pain.* We assessed the perceived victim's social exclusion on 5 items (e.g., 'The client felt excluded'; Gómez et al., 2011) and social pain on 3 items (e.g., 'The client felt hurt'; Riva et al., 2011) on a scale from 1 (*not at all*) to 7 (*extremely*).

*Helping and Self-isolation.* Five items measured participants' helping intentions (e.g., 'I would have offered him a ride') and 2 items measured self-isolation suggestions (e.g., 'I would have said to the client to go home'). Answers were provided on a scale from 1 (*very unlikely*) to 7 (*very likely*).

## **Results**

### *Preliminary Analyses*

The internal reliability for each variable was calculated (see Table 1) and items were averaged to create scores. The higher the score, the higher the construct under investigation. We initially tested differences by country. Since the country did not change the main pattern of results (see Supplementary Information), we report below the results concerning the experimental condition only.



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*Main Analyses*

*Impression Formation.* A 2 (Condition: COVID-19 vs. control) x 3 (Dimension: morality vs. sociability vs. competence) repeated-measure ANOVA with the first variable as between-participants was performed on ratings for the perpetrator and victim separately. Means and standard deviations are reported in Table 1.

With regards to the taxi driver, significant main effects of condition,  $F(1, 160) = 14.05, p < .001, \eta_p^2 = .08$ , and dimension,  $F(2, 320) = 88.38, p < .001, \eta_p^2 = .36$ , were qualified by a significant interaction between condition and dimension,  $F(2, 320) = 46.68, p < .001, \eta_p^2 = .23$ . Pairwise comparisons (Bonferroni corrections) showed that participants perceived the perpetrator as more moral ( $p < .001$ ) and as more sociable ( $p = .04$ ) in the COVID-19 than in the control condition, while no difference emerged for competence ( $p = .56$ ).

With regard to the victim, a significant main effect of condition,  $F(1, 161) = 7.50, p = .007, \eta_p^2 = .04$ , indicated higher trait ratings attributed to the victim in the COVID-19 ( $M = 4.35, SD = .87$ ) than in the control condition ( $M = 3.96, SD = .95$ ). Hence, in the COVID-19 condition the victim was perceived overall in more positive terms. A significant main effect of dimension,  $F(2, 322) = 33.60, p < .001, \eta_p^2 = .17$ , showed that the victim was perceived as more moral ( $M = 4.44, SD = 1.10$ ) than competent ( $M = 4.13, SD = .99$ ) and sociable ( $M = 3.89, SD = 1.06$ ; all  $ps < .001$ ). No significant condition by dimension interaction emerged ( $F = .22, p = .80$ ).

*Other Judgments and Reactions.* A series of 2 (Condition: COVID-19 vs. control) MANOVAs were performed on the following variables. Follow-up ANOVAs, means and standard deviations are reported in Table 1.

*Moral Emotions and Blame.* A significant multivariate effect of Condition  $F(2, 160) = 3.70, p = .03, \eta_p^2 = .04$ ; Wilks'  $\Lambda = .956$ , occurred. Follow-up ANOVAs showed that participants associated more moral emotions to the perpetrator in the COVID-19 than in the control condition, while no difference emerged on blame.

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*Social Exclusion and Pain.* A significant multivariate effect of Condition,  $F(2, 160) = 21.00, p < .001; \eta_p^2 = .21; \text{Wilks}'\Lambda = .792$ , emerged. Follow-up ANOVAs showed that participants attributed more social pain to the victim in the COVID-19 than in the control condition. No difference emerged on social exclusion.

- Insert Table 1 here -

*Helping and Self-isolation.* No significant multivariate effect of Condition,  $F(2, 160) = 1.35, p = .26, \eta_p^2 = .02; \text{Wilks}'\Lambda = .983$ , was found.

To examine the processes that could motivate participants to help or suggest self-isolation, mediational analyses were performed. We first run a sequential mediation analysis by using PROCESS macro and bias-corrected intervals (5000 bootstrap resamples; Hayes, 2017) to test whether perceiving the perpetrator as moral when his action is explained by COVID-19 fear would lead bystanders to blame him less and this, in turn, would predict lower willingness to help the victim. Findings confirmed the pathway predicted by Hypothesis 3a: a significant indirect effect of condition to morality on help through blame ( $b = -.12, SE = .05, 95\% \text{ CI } [-.25, -.02]$ ; Figure 1) was found.

- Insert Figure 1 here -

Next, we focused on social pain (the only variable directly predicted by condition) and tested whether social pain attributed to the victim mediated the effect of condition on bystanders' helping intentions. A mediation analysis (PROCESS macro and bias-corrected intervals, 5000 bootstrap resamples; Hayes, 2017) including social pain as mediator yielded a significant indirect effect ( $b = .34, SE = .09, 95\% \text{ CI } [.17, .54]$ ). Supporting Hypothesis 3b, when the victim was rejected because of COVID-19 fear, participants imagined him to feel more social pain, and this increased their willingness to help him.

The same mediation analyses performed on self-isolation suggestions showed no indirect effects.

**Discussion**

Rejections motivated by nationality over COVID-19 fear are not necessarily seen as immoral acts. In our study, partially confirming Hypothesis 1, the perpetrator was seen as more moral and sociable when he acted because of contagion concerns. This is in line with the literature on moral disengagement (see Faulkner & Bliuc, 2016; for reviews see Leach et al., 2015 and Moore, 2015), suggesting that prejudice can be seen as morally justified and reframed as socially acceptable when the perpetrators are seen as potential victims (Bandura et al., 1996). However, these events are complex. Surprisingly, the perpetrator was perceived as feeling emotions of shame and guilt when he acted because of COVID-19 fears. This contradicts the moral disengagement literature but suggests that participants may have imagined the perpetrator not feeling proud of his action. Attributing him such moral emotions could be a way to ‘justify’ his action and maintain a perception of him as having moral standards, as the *moral self-licensing* literature (Merritt et al., 2010) would suggest. Believing that the perpetrator, who violated anti-prejudice norms, felt ashamed may be a way to ‘repair’ his, and the ingroup’s, positive image. In line with Hypothesis 2, seeing someone rejected because of his nationality and COVID-19 fears made the audience believe that the target felt social pain, a stronger sentiment than social exclusion that is usually attributed to moral people (Riva et al., 2011).

Importantly, the protagonists’ evaluation played a crucial role in explaining helping intentions. Findings are particularly relevant from a communicative point of view. How the perpetrator and the target’s experiences were judged led to opposite reactions that could be interpreted along the intra- and intergroup communication model (Keblusek et al., 2018). At the intergroup level, the increased willingness to help was predicted by the stronger social pain attributed to the target of COVID-19 rejection (Will et al., 2013; Masten et al., 2010). Believing that the episode is harmful for the outgroup may lead the audience to become more favorable toward them and engage in accommodative behaviors (e.g., helping) that facilitate intergroup relations. At

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the intragroup level, a lower willingness to help was associated with the higher morality and subsequent lesser blame attributed to the perpetrator when acting because of COVID-19 fears. Hence, taking the perpetrator's perspective leads individuals to *shift* the moral norm, allowing them to behave against the norm (e.g., avoid helping). This implies that the way news is reported can affect how individuals interpret prejudicial events, reiterating or modifying social and moral norms concerning intra and intergroup relations (Keblusek et al., 2018; Paluck, 2009). Indeed, presenting rejections motivated by COVID-19 fears as reasonable reinforces the audience's belief that such behaviors are justifiable, thus contributing to discrimination. At the same time, focusing on the harmful consequences of such behaviors (e.g., social pain) may reiterate the norm that this should not happen and thus promote social support (Berkowitz, 1972; Smith, 2006). According to Keblusek et al.'s two pathway model, such media exposure affects both verbal and non-verbal communication, an aspect that future research should investigate.

#### *Limitations and Future Directions*

Our study looked at the way COVID-19-related intergroup relations were portrayed by the media. We assumed that participants imagined the perpetrator as 'one of us' who acted because of a shared fear to a disease threat that could impact the ingroup. However, this was only an assumption. While the victim's outgroup membership was salient, and we considered participants who correctly remembered the victim's nationality, the perpetrator's group membership was not explicitly mentioned nor assessed by a manipulation check. One could argue that, when group categories are not mentioned, individuals assume the target to belong to the majority or normative group, being the ingroup in our case. Also, the fact that the taxi driver rejected a supposed foreigner may have activated a distinction between the perpetrator being one of 'us', namely people at risk, and 'them', namely potentially infectious people, defining group categories beyond the targets' nationality. Future studies should consider the specific categories that the situation activates.

Another methodological issue lies in the fact that we simultaneously manipulated nationality and COVID-19 fear, not allowing us to disentangle whether COVID-19 fear would lead to similar

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effects if the victim were an ingroup member. Moreover, our control condition may have been ambiguous because it did not provide any reasons for the taxi driver's action. Future studies should consider reasons and target nationality separately and add a control condition in which a reason for the perpetrator's action, that is unrelated to COVID-19, is provided.

Further investigation is needed to clarify what determines such perceptions when exposed to media news. Studies should examine whether the exposure to COVID-19 prejudiced events elicits moral disengagement in the audience and whether dispositional moral disengagement affects the way individuals respond to such news reported by the media (Moore, 2015). Individuals reporting high dispositional moral disengagement are more likely to engage in unethical behaviours (White-Ajmani & Bursik, 2014) and, thus, they may be particularly likely to see COVID-19-related prejudice as moral. Similarly, group identification and similarity with the perpetrator is likely to moderate perceptions and reactions to media exposure of intergroup hostility (Joyce & Harwood, 2005). Moreover, research should extend our work by investigating different types of microaggression and the likelihood to perpetuate the same type of behaviours.

The fact that similar results occur across the British and Italian samples suggest that participants formed similar perception of the event and its protagonists. However, at the time of data collection, the UK and Italy had similar trends in terms of COVID-19 death tolls. Research could consider countries differently affected by COVID-19 which had different institutional approaches to facing the pandemic. For instance, in the USA, COVID-19 was labeled as the 'Chinese virus' by leaders, making intergroup hostility salient, potentially increasing microaggressions.

## **Conclusions**

Overall, our findings inform us about the crucial role of the media, since presenting the perpetrator's behavior as justifiable or the suffering of the target, can affect others' helping behaviors. In a situation of contagion concerns, the role of the media in disseminating information

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about COVID-19 is important, as much as the way they portray intergroup relations. This research informs us of the power of media. It tells media how the news they convey can influence the audience's reactions, and hence invite them to consider the way they frame it. However, it also suggests that the audience needs to engage in reflection upon the news they read.

### **Acknowledgments**

We would like to thank the guest editors and the reviewers for their useful suggestions and Dr Patrice Rusconi for his comments on an early version of the manuscript.

### **Declaration of Conflicting of interest**

The authors declare no conflicts of interest.

### **Funding**

This research was not funded.

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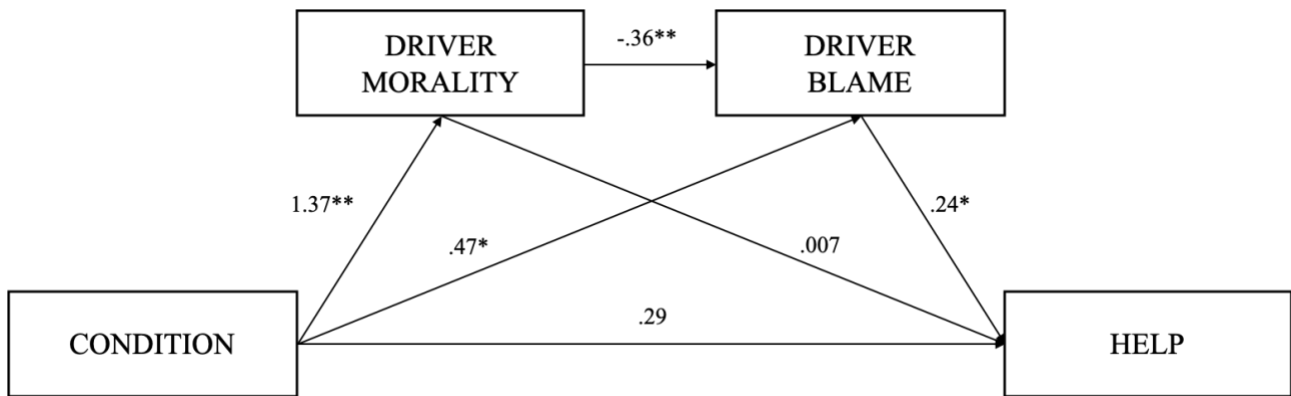
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	Measure	$\alpha$	Covid19	Control	$F(1, 161)$	$p$	$\eta^2$
			$M (SD)$	$M (SD)$			
<b>Perpetrator</b>	Morality	.64	3.36 (1.26)	2.00 (1.02)	56.71	.000	.26
	Sociability	.89	1.80 (.87)	1.52 (.85)	4.24	.04	.03
	Competence	.85	2.30 (.97)	2.40 (1.20)	.33	.56	.002
	Moral emotions	.91	2.90 (1.09)	2.45 (1.07)	7.20	.008	.04
	Blame	.74	5.24 (1.09)	5.27 (1.09)	.02	.89	.000
<b>Victim</b>	Morality	.84	4.63 (1.01)	4.25 (1.16)	5.03	.03	.03
	Sociability	.90	4.10 (.97)	3.67 (1.12)	7.18	.008	.04
	Competence	.89	4.30 (1.12)	3.95 (.95)	5.20	.02	.03
	Social exclusion	.80	5.99 (.87)	5.76 (1.12)	2.14	.14	.01
	Social pain	.91	6.36 (.68)	5.29 (1.52)	33.21	.000	.17
	Help	.75	3.59 (1.23)	3.29 (1.20)	2.45	.12	.01
	Self-Isolation	.74	1.69 (1.26)	1.55 (1.17)	.58	.44	.004

**Table 1.** Means (standard deviations) and  $F$  across conditions.



**Figure 1.** Sequential mediation model from condition to help via morality and blame associated to the taxi driver.

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### **Author Biographies**

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