



Adding a psychological dimension to mass gatherings medicine



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SUMMARY

Mass gatherings pose distinctive challenges for medicine. One neglected aspect of this is that the behaviour of people participating in such events is different from the behaviour they exhibit in their everyday lives. This paper seeks to describe a social psychological perspective on the processes shaping people's behaviour at mass gatherings and to explore how these are relevant for an understanding of the processes impacting on the transmission of infection. It is inadequate to conceptualize mass gatherings as simply an aggregate of a large number of individuals. Rather, those present may conceptualize themselves in terms of a collective with a shared group identity. Thinking of oneself and others as members of a collective changes one's behaviour. First, one behaves in terms of one's understanding of the norms associated with the group. Second, the relationships between group members become more trusting and supportive. Understanding these two behavioural changes is key to understanding how and why mass gathering participants may behave in ways that make them more or less vulnerable to infection transmission. Implications for health education interventions are discussed.

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1. Introduction

Mass gatherings medicine (MGM) has two key claims to distinctiveness. The first is one of scale: When things go wrong at mass events, emergency and medical services may be overwhelmed. That is, mass gatherings present unique problems in terms of medical provision.¹ A second concerns diversity: Many mass gatherings are global in terms of where people come from. People come from almost every nation on earth to events such as the Olympics, the football World Cup, or the Hajj. They congregate together, often in close physical proximity and for an extended period. Then they disperse back to their homes. In this way, there is a unique opportunity for infections that start off in one location to spread far and wide.²

These are reasons enough for a distinctive research programme concerning mass events. However, there is a third form of distinctiveness – a further warrant for a distinctive MGM research agenda. This relates to what people *do* when they come together. Our argument is that one cannot treat mass gatherings simply in terms of the agglomeration of very large numbers of different people. Rather, being gathered together changes individuals and leads them to act in ways that are different from their everyday

lives. These changes and the behaviours that arise from them can impact upon people's health and well-being in a variety of ways. Moreover, the behaviours adopted by crowd members may have direct relevance for the processes of infection transmission. In what follows, we explain the need for MGM research to pay attention to both (1) the ways in which people change when they are part of a crowd, and (2) the ways in which these changes impact upon health-related practices and well-being.

2. The psychology of the mass

There is nothing new in saying that people and their behaviour change in crowds: Reiwald (1949) amassed a compendium of such commentaries going back to Herodotus.³ Of all analyses, that of Le Bon (1895) has been the most influential.⁴ He argued that when people are 'submerged' in the mass, they lose their sense of individual identity and rationality, and as a consequence, simply follow any idea or emotion that is suggested to them. That is, crowd members' behaviour becomes less controlled, more irrational, and riskier than normal. These assumptions are particularly prominent when crushing incidents are described (such as that in Mina during the 2015 Hajj, when many hundred pilgrims died approaching the Jamarat Bridge). Here, talk of irrational 'panic' and 'stampedes' is routine.

Recently, this popular account has been challenged. Certainly, crowd psychology is distinctive, but we now have an alternative

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understanding of just how it is distinctive,^{5,6} which draws on the social identity perspective to group processes.^{7,8} The social identity approach to group processes is well-evidenced and maintains that when in a crowd, people do not lose identity but rather shift from a sense of personal identity (what makes me, as an individual, distinctive compared to other individuals) to a sense of social identity (what makes us, as a group, distinctive compared to other groups). That is, at mass gatherings (e.g., the Hajj, the football World Cup, a music festival) one may start to think of oneself as a member of a collective with a shared identity (e.g., as Hajjis, as football fans, as festival-goers). The shift from an individual *personal* identification to a group-based *social* identification is not automatic or guaranteed (and some events may be characterized by factionalism and an absence of shared identity). Moreover, individuals at the same event may vary in the degree to which they conceive of themselves and other event-goers in terms of a shared group membership. However, to the degree that an individual does indeed identify with others (including those that they do not know personally), there are multiple consequences, two of which are particularly relevant for present purposes.

First, there is a 'normative shift': People change from acting in terms of their individual idiosyncratic beliefs and values to group-based beliefs and values. To continue with the examples listed above, they begin to act on the basis of what they believe it means to be a Hajji, a fan, or a festival-goer. The priorities they set and the goals they pursue depend upon what is valued by these various groups. Thus, what people do in any given crowd depends on the group and its norms.

Second, there is a 'relational shift': When people define themselves in terms of a social identity and see each other as sharing the same social identity, the social relations between them become markedly more intimate. Thus, there is a growing body of evidence to show that group members are more cooperative, respectful, trusting, supportive, and helpful towards each other.^{9,10} Moreover, people who share a group identity seek greater physical proximity¹¹ and feel more comfortable with crowding.¹² This sense of intimacy and support contributes to the intensively positive emotions that characterize many crowd events.¹³

3. Crowds and health

These normative and relational processes can impact upon behaviour in a variety of ways.

3.1. Normative impacts

There are at least three ways in which group norms may impact health practices and hence health and well-being. The first is that the groups involved in mass gatherings may have norms that affect the overall value placed upon good health. For instance, in contexts where youth is a defining feature (e.g., music events), then values associated with being 'adventurous' and 'carefree' may encourage practices that expose one to risk, e.g., unprotected sex.¹⁴ At other events, the norms may be rather different, but also result in lessened concern about protecting oneself. Thus, at the Hindu Magh Mela¹⁵ and Kumbh Mela^{16,17} (Allahabad, north India), pilgrims strive to transcend the material in order to devote themselves to a spiritual existence. The body counts for nothing. Indeed, the body is an impediment to achieving a state of grace. At the extreme, it can be viewed as auspicious to die while at the Mela. Moreover, it is normative to trust to faith as a protector against ill-health, which can lead pilgrims to stop taking medicines and abstain from seeking medical help in cases of illness.

A second way in which group norms may affect health and well-being concerns the practices that are judged appropriate. For example, at the Magh Mela, pilgrims bathe in and sip water from

the sacred (yet polluted) Ganges and take back plastic bottles of it for their families at home. This can have serious consequences for their health and has been shown to result in an increase in the number of cases of non-bloody diarrhoea.¹⁸ At other events, the behaviours adopted by crowd members may increase the chances of spreading infection. For example, blowing vuvuzelas (plastic blowing horns often used at African and Asian sporting events) can facilitate the generation and dissemination of respiratory aerosols.¹⁹

Third, there are norms that do not directly impact health and well-being but that may usurp everyday norms that do. In many cases these have to do with perseverance and endurance. These derive from the fact that, in many cases, group membership is enhanced or even dependent upon completing the collective event. A true football fan is one who goes to games come rain or shine.²⁰ Completion of the Magh Mela for 12 consecutive years provides special status and accords grace to Hindus. Finishing the Hajj at least once is a core goal for each and every faithful Muslim. As a consequence, people are reluctant to give up even if they are unwell or infectious, and continuing constitutes a threat both to themselves and to others. Indeed at some events (such as pilgrimages), suffering ill-health can be part of the pleasure of the event because completing one's pilgrimage in the face of ill-health may be understood as implying that the deities are potent and protective.

Together, these brief illustrations hint at the multiple ways in which collective norms can impact on the individual's behaviour in ways that may be consequential for their own health and indeed the health of others. These group norms and their consequences are complex. Just as some norms may encourage behaviours that increase the individual's vulnerability to the transmission of infection, so some norms may work to protect health. For example, at some events there may be normative prohibitions on some behaviours (e.g., concerning drug use), which then have knock-on effects of decreasing the likelihood of engaging in other behaviours (e.g., unprotected sex) that could facilitate the transmission of infection. Moreover, several health-relevant norms may simultaneously be of relevance in any given gathering. Inevitably, the nature of the norms that are relevant to crowd members' health-related behaviours will be specific to the event in question, which means that the way in which norms operate in relation to health will be different for every mass gathering. In turn this means that an understanding of infection transmission opportunities, etc., will depend upon a situated analysis for the event of interest.

3.2. Relational impacts

The multi-directional nature of the impacts of crowd processes on health is even more apparent when we consider the social relational changes in crowds. As noted earlier, a shared identity in a group leads to the provision of social support. Indeed, the expectation of such support²¹ can make people feel better able to deal with stressful situations and thereby improve their well-being. Thus, group membership can improve both mental and physical well-being in stressful situations,^{22,23} can improve the functioning of the elderly,²⁴ protect against depression,²⁵ and help protect self-esteem amongst young people negotiating barriers to individual development.²⁶

In our own research we have extended this work in two ways. First, we investigated whether such effects extend from small groups to mass gatherings. Second, we investigated whether any such effects extended beyond the gathering itself to one's sense of physical and mental well-being back in everyday life.

Research conducted at the Magh Mela shows that participation in this month-long annual Hindu festival at the confluence of the sacred Ganges and Yamuna rivers impacts (positively) on

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