

How do people support each other in emergencies? A qualitative exploration of altruistic and prosocial behaviours during the COVID-19 pandemic

Selin Tekin¹  | Monica Sager² | Audrey Bushey² | Yawen Deng²
| Özden Melis Ulug¹ 

¹ University of Sussex, Brighton, UK

² Clark University, Worcester, Massachusetts, USA

Correspondence

Selin Tekin, University of Sussex, School of Psychology, Brighton, UK.
Email: 440@sussex.ac.uk

Abstract

The Ball State University Center for Peace and Conflict Studies in the United States has compiled altruistic stories from different countries such as India, Australia, the United States, and England since the onset of the COVID-19 pandemic. We examined those stories to understand (1) who receives the most support, (2) what type of support is provided, (3) who those supporters are, and (4) why people support each other during the pandemic. Conducting a qualitative content analysis of 104 altruistic stories, we first identified that (a) older individuals, (b) people with sensitive health conditions, and disabilities, (c) frontline workers, and (d) working class and marginalized communities received the primary support. Second, we identified three types of support: (a) material, (b) social/emotional, and (c) psychological. Third, we found that support was coming from (a) different organizations, (b) advantaged groups, and (c) volunteers. Last, (a) sharing a community/humanity identity, (b) allyship, and (c) showing gratitude were the reasons behind altruistic and prosocial behavior. Our findings contribute to the literature by providing some possible reasons and ways that allies have supported disadvantaged communities via sharing the

available resources and how showing gratitude can be a reason for altruism and prosocial behavior in a pandemic.

KEYWORDS

allyship, altruism, community support, gratitude, marginalized communities, pandemic, prosocial behavior

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While the COVID-19 pandemic has been experienced worldwide since the end of 2019, certain groups were affected disproportionately. For example, people over 65 years old (Liu et al., 2020) and people with respiratory and cardiovascular problems (Woods et al., 2020) were severely affected by the coronavirus. Moreover, lower-income families and ethnic minorities were also negatively affected because of the systemic inequalities (The Independent SAGE, 2020). Therefore, in line with previous emergency cases (Kaniasty & Norris, 2004; Solnit, 2009), prosocial behaviors were reported, and altruistic steps were taken by allies to support the ones who were unequally affected in different communities (Domínguez et al., 2020). What was unique in the case of COVID-19 is that, rather than being a short-term activity, prosocial behaviors continued as long as the pandemic continued. In the current contribution, we aimed to understand how and why members of a community become allies and keep supporting community members even when there is a long-term emergency.

Prosocial behavior during emergencies and pandemics in disaster literature

Prosocial behavior is usually seen in different phases and different features when there is a case of an emergency. In addition to individual help during interpersonal relations, support might arise in a reciprocal and collective way. For example, New Orleans was one of the cities that was severely affected by Hurricane Katrina (Luft, 2009). Even though the entire city experienced the disaster, the authorities neglected one part of the city while the other part received urgent help in the aftermath. As a result, people who already suffer from pre-existing inequalities suffer more for a very long time in the aftermath (Tierney et al., 2006).

While traditional research in sociology, anthropology, and geography considered disaster and emergencies within physical features and described disasters as naturally occurring or mistakenly happening events, it has been evidenced that disasters and emergencies are indeed political incidents (Cleaver, 1988, Oliver-Smith, 1991; Quarantelli, 1988). Because certain groups usually suffer more during and after an emergency, the entire disaster process needs to be considered at the community and systemic level (Quarantelli, 1988). For example, the working class, ethnically and racially marginalized, and lower socio-economic populations are usually significantly affected because of the resources they lacked before the disaster (Smith, 2006).

Disasters and emergencies need to be considered beyond the physical features of the incident because community members and responders to these events usually become active agents and

create a bottom-up style of empowerment rather than waiting for help passively. For this reason, instead of describing disaster cases with general and generic statements, considering them as social phenomena usually represents the factual emergency cases (Quarantelli, 1988). To begin with, the recovery phase of disasters is not a straightforward process that might require a long period of time. A successful recovery takes determination from within members of a community, working together to ensure the recovery of the greater community (Cabinet Office, 2013). Therefore, sustainable support and altruism among community members are vital for long-lasting positive change in communities in the aftermath of an emergency (Liekfett & Becker, 2021).

Whether it be physical aid from the first responders in hospital, material goods for those who lost their jobs, or a virtual concert to lift morale, it takes community work to repair society after a disaster (Solnit, 2009). The support of community members around the world during the COVID-19 pandemic is an example of how people become actively involved in the process of community empowerment. Therefore, we aimed to provide a systematic analysis of altruistic and prosocial behaviors to understand how and why altruism and prosocial behaviors might sustain even when there is a long-term emergency, like the COVID-19 pandemic.

Prosocial behavior during emergencies in social psychology literature

As it was suggested in previous social psychology research, certain groups such as the working class, people from lower socio-economic status, and ethnic minorities have fewer opportunities to obtain the available resources in the community (Muldoon et al., 2017). Therefore, they experience physical and psychological problems unequally during and after an emergency (Kanik et al., 2020). Moreover, when there is inadequate response or mismanagement from the authorities (Drury et al., 2020), these pre-existing inequalities become more visible. For example, following the COVID-19 safety guidelines for physical distancing has been more difficult for the working-class and ethnic minority populations because they are more likely to live in densely populated, multi-generational households (Loftquist, 2012; Templeton et al., 2020). Following the guidelines for self-isolation at home was also challenging for disadvantaged populations as people from low-socio-economic households are six times more likely to work as frontline workers and are more likely to contract the virus (Atchison et al., 2020). At the beginning of the pandemic, because government guidelines did not follow an inclusive approach for all segments of society, one can argue that disadvantaged groups suffered more due to the negative effects of the pandemic.

When people experience ignorance and mismanagement from authorities, they can share an emergent identity and support each other for different types of needs. To deal with the negative effects of the emergency (Ntontis et al., 2018), “individual reactions” of affected people can become “shared reactions” (Kaniasty & Norris, 1999, p. 26). In consequence, these shared reactions might lead them to help each other through different types of needs such as material (e.g., medical supplements), emotional (e.g., sense of community belonging), and psychological needs (e.g., overcoming trauma; Kaniasty & Norris, 1999).

Liekfett and Becker (2021) found that, during the COVID-19 pandemic, compliance with government guidelines was related to identity processes. They showed that people who share a common identity and solidarize with the ones at risk adhere to governmental restrictions, not only for self-protection reasons but also to protect the ones they identify and solidarize. In line with their results, Stevenson et al. (2020) evidenced that pre-existing community identity and neighborhood support predict helping behavior during the COVID-19 pandemic. For example, COVID-19 mutual aid groups arose as vital assistance to the most vulnerable members of

communities to deal with inequalities that became more visible during the pandemic (Fernandes-Jesus et al., 2021; Stansfeld et al., 2020). Moreover, adherence to government guidelines on lockdown restrictions or wearing facial masks can be predicted by perceived neighborhood support (Stevenson et al., 2020) and local identification (e.g., family, neighbors; Vignoles et al., 2020). Therefore, Templeton et al. (2020) suggest that mobilizing neighborhood identities and encouraging group-based support have an important role in dealing with the pandemic collectively.

In addition to prosocial behavior among the ones who are affected by the emergency, people who are not primarily affected by emergencies may also come together to support those most affected (Ntontis et al., 2018; Tekin & Drury, 2020). Social psychology research defines allyship as “members of advantage groups engaging in committed action to improve treatment and status of a disadvantaged group” (Louis et al., 2019, p. 6). Allyship and solidarity may have consequences for global problems and prosocial attitudes especially when people identify with all humanity and share a global human identity (McFarland et al., 2012). Shared human identity is associated with support for ending global hunger (McFarland et al., 2019) and supporting human rights and humanitarian reliefs (McFarland et al., 2012). We argue that during global issues such as a pandemic, people might share a global human identity and, as a result, support the ones who suffer from the global emergency. Therefore, during the COVID-19 pandemic, it is possible to see people solidarizing (Liekfett & Becker, 2021) under a shared human identity (Jetten et al., 2020; Uluğ et al., 2021) that leads them to support each other with different kinds of prosocial behaviors (Domínguez et al., 2020).

As shown earlier, mutual aid and community support groups appear to support those who were physically, economically, and psychologically affected by the pandemic (Domínguez et al., 2020). The present research aims to understand (1) who receives the most support?, (2) what type of support is provided, (3) who those supporters are, and (4) why people support each other during the pandemic..

Why do people perform prosocial behavior during emergencies and pandemics?

Liekfett and Becker (2021) reported that following the governmental restrictions for the well-being of those at risk can be considered as an example of prosocial behavior that is represented by allies. For example, in their findings, they discussed that instead of solely protecting “themselves,” allies showed adherence to government guidelines to create a safe space for the ones who are at risk. In other terms, people complied with government guidelines in order to protect others.

In line with the previous literature on different disaster cases (Tekin & Drury, 2020, 2021), this allyship might appear in different ways depending on the needs of the people who experience the emergency. Besides helping the disaster communities through material resources such as donation (Zagefka et al., 2012), accommodation, and medical supplies (Kaniasty & Norris, 1999), various types of altruistic and prosocial behaviors can be observed (e.g., psychological and emotional help; Strelau & Zawadzki, 2005). When authorities do not provide enough assistance, adversities put people into an emergency action plan, resulting in solidarity and increased importance of aid (Ultramari & Szuchman, 2017). This first reason behind prosocial and altruistic behavior may be sharing an identity, which brings about a sense of “we-ness.” In emergency settings, shared identity enhances unanimity, help for one another, and solidarity (Drury et al., 2009a, 2019).

Even though traditional explanations of mass behavior during emergencies emphasized the vulnerability framework, which suggests that people tend to represent selfish and panic behavior,

social psychology researchers evidenced that the resilience framework is more common during emergencies (Drury et al., 2009b, 2019). In other terms, instead of selfish and risky behaviors, prosocial and solidarity-related behaviors are commonly observed during emergencies. According to self-categorization theory (Turner et al., 1987), acting as part of a group and cognitively categorizing oneself with others tends to increase the unity with the group members. Therefore, prosocial and altruistic behaviors can be the social psychological consequences of these self-categorizations. Considering the emergencies, the shift from “me” to “we” might lead people who suffer from an emergency to support each other (Drury et al., 2009a).

In this account, when communities form a bond from shared problems, goals, vulnerabilities, and experiences, they might share a sense of common fate (Drury et al., 2009b; Ntontis et al., 2018). When people perceive an external threat, which affects everyone present simultaneously, they might act collectively and solidarize with each other. Therefore, many people may become prosocial within their actions: caring for themselves and those in need, within their community from friends and family to strangers and neighbors (Drury et al., 2009a).

Recent studies on community volunteering have shown that while a sense of community belonging can motivate volunteering (or “psychological sense of community” in Omoto & Packard, 2016), community identification can also be built as a result of volunteering over time (Bowe et al., 2020). Furthermore, social psychological research during the COVID-19 pandemic has also shown that community support (e.g., altruism, volunteering, etc.) predicts increased social identification (Bowe et al., 2021) and better mental health (Tierney & Mahtani, 2020). Hence, perceiving a shared threat and sense of common fate can lead to prosocial behaviors during the pandemic, and community identification may arise and be used as a social cure among community members (Bowe et al., 2020).

Prosocial and helping behavior have been mainly considered under the studies that provide explanations for culture, empathy, or group behavior by using both qualitative (see, e.g., Drury et al., 2009a, 2009b; Gray & Stevenson, 2019) and quantitative analyses (see, e.g., Cialdini et al., 1997; O'Connor et al., 2015). However, even though previous research has exemplified the motivations of these behaviors and variables that affect these incitements, how and why these prosocial behaviors occur, especially during emergencies such as the COVID-19 pandemic, have been inadequately explained previously (for exceptions, see Dads-Brailsford et al., 2011; Drury et al., 2009b). Moreover, the emergency cases that previous studies focused on were mainly short-term emergencies (e.g., fires, earthquakes, nuclear explosions, etc.). Therefore, in this study, we aimed to provide an explanation of the altruistic processes of communities during a longer-term emergency, COVID-19 pandemic, and reasons for their altruistic and prosocial behaviors.

The present study

Social psychology research has contributed to the pandemic with constructive recommendations (Domínguez et al., 2020; Drury et al., 2020, 2021; Templeton et al., 2020; Van Bavel et al., 2020) and empirical research (Atchison et al., 2020; Bowe et al., 2020; Liekefett & Becker, 2021) to understand how adherence to government guidelines can be possible, why prosocial behavior and group support is important to deal with the negative effects of the pandemic, and why community empowerment is vital throughout the process. However, literature still needs more information about who responded to the process, why this response occurred, and what patterns or pathways were followed in different communities to support the ones who experience the pandemic differently.

In the present research, our purpose is to understand how and why individuals, as well as local and wider community members, supported each other and their communities in the context of the COVID-19 pandemic. While many were negatively affected by the pandemic, various supporting activities and altruistic behaviors also appeared in social media and the news. The Ball State University Center for Peace and Conflict Studies in Indiana, USA, compiled altruistic stories during the COVID-19 pandemic since April 2020. These stories gave us a unique opportunity to examine the reasons and ways of altruistic behaviors in different communities during the ongoing COVID-19 pandemic. We examined these 104 altruistic stories qualitatively to gain a fine-grained view.

We focused on four main questions: (1) Who receives the most support, (2) What type of support is provided, (3) Who those supporters are, and (4) Why people support each other during the pandemic. We believe we contribute to social psychology and social science literature by explaining that community members can actively be involved in the community empowerment processes during the pandemic.

METHOD

Data collection

Data in our study were collected from individual articles about altruistic stories during the COVID-19 pandemic. News organizations throughout the world created posts, and they were accumulated, especially from two sites in particular: goodnewsnetwork.org and inspiremore.com. These websites were used as they repost uplifting stories. The research team also read the Washington Post and New York Times to make a note of any stories that fit into the research's mission.

These posts were collected from 24 weeks between April and October 2020. Each week, there were typically four or five stories. In total, we analyzed 104 stories from all over the world such as India, Australia, the United States, and England. However, as the stories were collected at Ball State University in the United States and only searched in English, most of the stories (77 stories; 80%) were still US-based.

We began saving the stories from the first week until we received recurring patterns of altruistic and prosocial behavior. Even though each story provided a unique experience of altruism and prosocial behavior depending on their context, the data was saturated, and no new categories were identified in Week 24 (see Guest et al., 2006). All the stories we analyzed, our coding frame, and the final list of codes are publicly available via the Open Science Framework (OSF) webpage: https://osf.io/ptkdg/?view_only=2827f48c27324b5d9b1d41ad636de914.

Data analysis

All of the stories were analyzed using qualitative content analysis, which helps to reduce data, focus on selected content aspects of the data, and systematically describe the data in terms of these aspects (Schreier, 2012). We coded these stories for these purposes, evaluating different aspects of altruistic and prosocial actions. Each story was analyzed with respect to all the main categories. For example, each story was examined to answer which groups are supported in the stories, what type of support is provided, and so forth.

A coding frame was developed by the authors based upon recurring elements in the articles. First, we read over each post contained in the altruistic stories list. Based on the content in these

posts, we developed four main categories: (1) which groups are supported, (2) what type of support is provided, (3) who supports, and (4) why people support. Each main category was then defined and broken into subcategories, which were labeled, explained, and illustrated through examples (see Table 1 for main and subcategories). Each category was assigned a numeric code, and decision rules were added as well, if necessary.

We also used trial coding to evaluate our coding frame, meaning that three authors of this paper split up the stories into three sections and coded them independently. Then, 10% of the overall data (11 stories) were coded by one of the researchers who did not originally code those stories. Inter-rater reliability scores were accepted only if they indicated almost perfect agreement, meaning the kappa ranged from .81–1.00 (Rustemeyer, 1992). In our case, all the main categories had almost perfect agreement (see Table 1 for reliability scores of each main category).

RESULTS

Main Category 1: Which groups are supported?

In these altruistic stories, we identified four groups that were supported primarily during the COVID-19 pandemic: (1) older individuals, (2) people with sensitive health conditions/disabilities, (3) frontline workers, and (4) working-class people/marginalized communities (see Table 1 for descriptive frequency counts in each subcategory).

Subcategory 1—older individuals

Biological research reveals that during aging, immune functions decline over time, and chronic systemic inflammation increases (Mueller et al., 2020). COVID-19 mainly affects the immune, cardiovascular, and respiratory systems, and people over 65 years old need to be isolated because they are at higher risk. This makes it difficult for them to receive any essentials, as experts have said it is dangerous for them to be outside, where they could potentially contract the virus (Armitage & Nellums, 2020). Extract 1 (Story 3, Week 3) represented one of the five stories that show the older populations was one of the main groups who received support during the pandemic:

An anonymous donor paid for \$5,000 worth of groceries at a store in Massachusetts to help those most vulnerable during lockdown. The donation covered the period of time set aside for elderly and immune-compromised shoppers to buy their groceries at a local grocery store, between 6:00 and 7:30 a.m. on Saturday.

When the person donated money to assist “vulnerable” groups, in this story, the owner of the shop used that money specifically for older populations and immune-compromised people. To create a safe space in the store, the owner blocked off 90 min so that only older individuals and immunocompromised people could shop at the store. Besides using donation in a materialistic way to support affected groups, by creating a specific time period, the owner of the shop used the donation to create a safe and available environment that older groups and immunocompromised people needed. In line with previous research on collective support in the case of emergencies (Stevenson et al., 2020), this story shows that people affected by the pandemic (here, older

TABLE 1 Interrater reliability results and subcategories of four main categories

Number	Main category	Kappa	Interpretation	Subcategories	Frequencies
1	Who receives the most support?	.90	Almost perfect agreement	1. Older individuals 2. Sensitive health conditions/disabilities 3. Frontline workers 4. Working class/marginalized communities	5 30 28 52
2	What type of support is provided?	.96	Almost perfect agreement	1. Material support 2. Social/emotional support 3. Psychological support	78 31 20
3	Who supports?	.96	Almost perfect agreement	1. Organizations/associations/ companies (including faith communities) 2. Advantaged <ul style="list-style-type: none"> a. Economically advantaged b. Physically advantaged 3. Volunteers	56 23 16 75
4	Why do people support?	.96	Almost perfect agreement	1. Sharing an emergent identity with those affected 2. Being an ally to disadvantaged groups 3. Showing gratitude	33 91 8

Note. Kappa < 0, poor agreement; 0.00–0.20, slight agreement; 0.21–0.40, fair agreement; 0.41–0.60, moderate agreement; 0.61–0.80, substantial agreement; 0.81–1.00, almost perfect agreement.

individuals) were supported in various ways as well (e.g., volunteering for shopping or donations, etc.).

Subcategory 2—people with sensitive health conditions/disabilities

Pre-existing inequalities in society are exacerbated when there is an emergency (Dominey-Howes, 2021). As research on risk reduction during disasters suggested (Alexander et al., 2012), people with disabilities usually need more assistance when there is an emergency (e.g., physical needs). Peek and Stough (2010) suggested that adequate social networking of people with disabilities also helps overcome the negative effects of the emergency. Consistent with previous research (Liu et al., 2020; Woods et al., 2020), 30 stories in our data showed that people with sensitive health conditions—people who have disabilities and problems in their cardiovascular and immune systems—had been one of the primary groups who received the most support during the pandemic. In addition, even though using masks and physical protection was vital for everybody to keep themselves safe and healthy, the main protection methods were not suitable for people who needed visual representations for their social interactions, such as hearing disabilities. Extract 2 (Story 5, Week 7) provided one such story of how a college student supported people with hearing disabilities:

Because those with hearing disabilities often rely heavily on lip-reading (even if sign language is in use), a mask would almost entirely obscure a verbal message to a hearing-impaired person. Lawrence [altruist college student] decided to make her own face masks for sign language speakers during her free time. The face masks, which Lawrence and her mother are making by hand, are made out of fabric with a plastic window over the mouth so that ASL (American Sign Language) speakers could still use lip-reading in their communication. Over the past few weeks, Lawrence has been shipping the masks to deaf individuals and hospitals for free.

The student in the story created masks for people with hearing disabilities and delivered those masks for free. This example evidenced that besides physical assistance, creating options for social interaction is also necessary when taking equity-related actions. Even though government guidelines for using a face mask were represented as a necessity for being safe during the pandemic, people who have hearing loss faced another issue of inclusivity. Therefore, in the story of Extract 2, the person who created masks that allowed lip-reading found a solution for the inclusivity of people who have hearing loss. Thus, she provided support for social needs besides supporting physical well-being.

Subcategory 3—frontline workers

In 28 stories, we found that frontline workers (e.g., healthcare workers, delivery drivers, and grocery store staffers) were supported through different means. Extract 3 (Story 3, Week 8) shows people supporting frontline workers by thanking them through text messages:

As millions of courageous healthcare workers continue their work to combat the COVID-19 crisis, this ingenious new service allows you to send unconditional

messages of love and support to a frontline hero—and get one in return. #TextForHumanity now enables people choosing to participate to identify themselves as either a frontline worker or someone living in isolation... Frontline workers include anyone from nurses and doctors to delivery drivers and grocery store staffers—people performing the vital jobs that are keeping society going. Text For Humanity is now enabled by WhatsApp, Facebook Messenger, and regular text messaging so it's easy for anyone with even the most basic phone to join.

In Extract 3, frontline workers were described as fighters and heroes who work hard to support their community members. To respond to their hard work and compassion, “unconditional messages” were sent to represent how much community members support, encourage, and appreciate their effort. In addition, this prosocial behavior was made inclusive and available for everybody who wants to support frontline workers by just using text messages without needing a smartphone.

Subcategory 4—working class and marginalized communities

We found that lower socio-economic and working-class populations received support during the pandemic in 52 of our stories. Because food banks have not properly supported people due to the lack of resources since the beginning of the pandemic, lower SES groups had difficulties finding essentials for survival (e.g., food; Bulman, 2020). Extract 4 (Story 1, Week 8) below shows an example of this type of prosocial behavior for lower SES groups:

An organization founded by college students has found a way to pay farmers and provide food for food banks during the COVID-19 pandemic. The FarmLink Project says they have delivered 239,620 pounds of food to food banks while paying \$4514 of wages to farmworkers and other workers affected economically by the crisis. The group of students fundraises, obtains surplus produce from farmers and suppliers, and then pays for the transportation and delivery of the items to food banks. All of the donations to the organization go to paying the wages of farmworkers and truckers.

The example represents that by creating a project, students can be powerful resources to support two groups at the same time. The first group is farmers who are usually described as working-class populations. A materialistic way of support, a project to collect donations (see Zagefka et al., 2012), was created to support farmers who were also economically affected by the pandemic (American Psychological Association, 2020). Second, products that were bought from farmers have been used at food banks that support people with a lower SES. This project not only helped economically disadvantaged people use food banks but also benefited farmers economically.

In many countries, self-isolation at home was one of the main safety measures to protect people from the virus spread. However, this specific measure also created other problems for different segments of society, especially for marginalized communities. Marginalized communities include the groups who are outside of mainstream society and who experience systemic exclusion from national or international policy-making forums (Cheraghi-Sohi et al., 2020; McLeish & Alliance, 2002; Shulman et al., 2018; Siddiqui, 2014). In our current research, the marginalized communities were usually immigrants, Black and Asian ethnic minority racialized groups. Extract 5 (Story 4, Week 16) represents one such example related to supporting the children of immigrant families.

For months during the pandemic, the people of India woke up to news regarding the plight of migrant laborers. Stranded on their way home due to stringent lockdown restrictions, and the lack of basic amenities brought us harrowing tales of human suffering. However, the news also spurred heroes into action. Under the bridge in the coastal state of Kerala, a heartening sight awaits those who are passing by in Kochi, India. Underneath the Bolgatty-Vallarpadam bridge, teachers can be found engrossed with students of all ages, deep in study. Ten children of migrant laborers had been living under the bridge with their families. Now that temporary “home” is doubling up as a classroom, thanks to the dedicated teachers of St. John Bosco’s UP School. Armed with laptops and drawing sets, three teachers—Shamiya Baby, Neema Thomas, and Susan Mable—and the school headmistress Elizabeth Fernandez, came to the rescue. Since the beginning of June, when online classes officially began, these teachers have been downloading classes on their laptops and heading over to the bridge to teach the children. “They also carry masks, biscuits, and sweets for the young kids every day,” reports Mathrubhumi News.

Since the beginning of the pandemic, India has been one of the most affected countries in the world. Besides financial problems, the pandemic disrupted the education of immigrant children in India. Even though following the instructions of lectures online on the computer was the safest option for many children, the ones who did not have computers did not have a chance to continue their education. Therefore, as represented in Extract 5, three teachers supported the children of immigrant laborers via creating extra time for teaching every day. Besides their teaching materials such as laptops, these teachers also brought biscuits and sweets and, thus, supported their students by motivating them.

Main Category 2: What type of support is provided?

We found that altruistic and prosocial behavior happens based on three different types of support: (1) material support, (2) social/emotional support, and (3) psychological/well-being support.

Subcategory 1—material support

As people with inadequate resources cannot easily reach physical and material necessities during disasters, support usually comes in the form of food, accommodation, and medical supplies (Solnit, 2009). In 78 stories, we found that altruism and prosocial behavior among community members occurred to meet material needs. While some needs were mainly related to health protection such as face masks, others were related to donations such as money and food. For example, finding supplies was difficult for some people; therefore, many of our data’s altruistic and prosocial stories revolved around material support. Extract 6 (Story 3, Week 10) is an example of material type of support a family provided:

The owners, a husband and wife team make no profit from their restaurant. 100% of the donations go back into serving people food. The pandemic has made running a restaurant a little more tricky in recent months. But this hasn’t stopped this generous Alabama family from doing what they love. “The end of June we figured out a way

to do to-go orders and keep everyone safe... It is working out very well and we feel so proud to be able to do what we do, with COVID-19 affecting so many people... as you can imagine donations are down, but we will continue to try and be of service to all the people that come to our door.”

Extract 6 evidence that instead of selfish and risky behaviors, people become more prosocial when there is a case of an emergency (Drury et al., 2009a). The restaurant in the story above is one of the small businesses negatively affected by the pandemic. However, according to the story, even though the owners did not have many financial and material resources, they helped their community by providing food. By providing a welcoming approach to everybody who visits their restaurant, they also represented inclusivity for the community members.

Subcategory 2–social/emotional support

Considering the features of the previous disaster and emergency cases, they are usually unexpected and short-term incidents (e.g., earthquakes, fires, explosions, etc.) In these cases, social and emotional support usually involves overcoming a collective trauma. We identified in 31 of our stories that community members provided social and emotional support to those mainly affected by the pandemic. As evidenced in previous studies (Muldoon et al., 2017; Strelau & Zawadzki, 2005), people who experience an emergency first-hand might have different emotional and psychological needs. In Extract 7 (Story 4, Week 14), sending cards, drawing pictures, sending messages of encouragement were the ways people expressed their social and emotional support for frontline workers:

Shutterfly, a digital media company, chose the designs from more than 450 works of art submitted from children across the nation during the company’s #CreateThanks campaign on Twitter and Instagram. Xavier Garcia, age 5, from Long Island, wanted to thank frontline workers for being there for those who are sick and in need, especially his aunt who is a nurse’s assistant at Mount Sinai South Nassau. “I made this picture to thank the doctors and nurses for being superheroes,” said Xavier.

Besides material support, campaigns were created to provide emotional support to frontline workers. As it is stated in the story, frontline workers were seen as “superheroes” who kept supporting people by working hard during a time of need. Therefore, collecting the artworks of children was a way of supporting frontline workers for their hard work in their communities.

Subcategory 3–psychological support

Due to working disorganized hours, being far away from their social supports, and being in contact with the virus most of the time, healthcare workers were mentally affected during the pandemic (Zhang et al., 2020). In situations like this, collective behavior, gathering together, and supporting each other can play a protective role for the well-being of the ones who experience a crisis (Alfadhli et al., 2019). Prosocial behavior during the pandemic process was also vital to support the well-being of affected groups. Therefore, during the early months of the pandemic, professionals voluntarily provided support for their well-being. Extract 8 (Story 4, Week 7)

represents one of the 20 stories of how healthcare workers were supported for their mental health needs:

One project, a partnership between the Alameda County Psychological Association and the Crisis Support Services of Alameda County, is called Staying Strong Against Covid-19: Support Line for Workers in Health Care Settings. Staffed by volunteers who are licensed mental health professionals, hospital chaplains, and advanced doctoral students, the line provides assistance in the model of Psychological First Aid to anyone working in a health care setting in California.

In Extract 8, to emphasize an inclusive, welcoming, and collaborative approach and create a sense of togetherness and unity, the name was chosen as “Staying Strong Against Covid.” Moreover, to represent the urgency of the need, they described their service as “Psychological First Aid.” Together with 19 other stories, this story highlights how altruism and prosocial behaviors came in the form of material, social/emotional, and psychological support.

Main Category 3: Who is the supporter(s)?

We identified three different supporters in our data: (1) organizations/associations/faith communities, (2) the advantaged, and (3) volunteers.

Subcategory 1—organizations/associations/faith communities

Because local and social healthcare services were overwhelmed throughout the pandemic, not all community members could be supported by those services (Stevenson et al., 2020). Therefore, COVID-19 mutual-aid groups (Fernandes-Jesus et al., 2021), neighborhood associations, and community support groups arose to meet the needs of their community members. As the members and volunteers of community aid and support groups are mainly the community members, they are already familiar with the needs and the strengths of their own community, and it is easier for these groups (including faith communities) to assist their community members and neighbors.

Our results showed in 56 stories that organizations, associations, and faith communities were one of the groups that organized and supported those negatively affected by the pandemic. For instance, some psychology associations supported frontline workers and people who lost their jobs by providing free and online mental health support. Extract 9 (Story 1, Week 1) represents an example from the American Psychological Association in the early months of the COVID-19 pandemic: “The American Psychological Association is providing wellness webinars for the week of April 6–April 10. These wellness webinar topics range from meditation to art therapy, to help you make the most of your time away from the office/work/school/life pre-pandemic.”

Since the pandemic required people to be inside most of the time, people could not continue their daily occupations, and as a result, many people experienced mental health difficulties (Cullen et al., 2020). Besides mental health-related support, material help was provided by different associations. In some cases, we observed that some associations worked collaboratively for community empowerment as well. Extract 10 (Story 3, Week 17) represents a case where homeless people in Alaska were supported for their different types of needs by Catholic Social Services, Facebook groups of residents, businesses, and hotels:

When Alaska issued its “hunker down” order due to the novel coronavirus, the staff at Catholic Social Services knew they needed to act quickly to get the homeless population of Anchorage off the streets and out of crowded shelters to stem the disease’s spread. That meant finding private places for as many homeless as possible. “We knew that getting these individuals into their own residences was going to be the safest option,” says Molly Cornish, community engagement director at the local Catholic Social Services. So CSS staff worked around the clock to find hundreds of homes. But their success created a new problem: those being rehoused often lacked the necessities that so many take for granted. Soap, toothpaste and—of course—toilet paper. A call for help on social media was picked up by Coronavirus Days of Caring, a new Facebook group of Anchorage residents. They collaborated with a local business that has an ongoing partnership with CSS, the Hotel Captain Cook, to start a drive. Residents could drop off necessities with the hotel bellmen to be distributed to a newly housed person. Not only that; for every selfie taken during the drop-off, the hotel would give a \$10 tip to staffers who had temporarily lost their jobs due to the pandemic. When the drive concluded, two massive box trucks full of household items had been gathered. Catholic Social Services now had everything they needed for anyone who walked through their front door. “People were so generous,” says Cornish. “It was so wonderful to see.”

Government guidelines for social isolation were not easy to comply with for the homeless due to lack of a stable place to live, financial opportunities, and material resources such as food. In the story, the quotation of Molly Cornish represents the fact that people who have fewer resources in society (like homeless groups) suffer more; therefore, they need more support when there is an emergency. Therefore, the expectation that homeless people would need more help mobilized different community groups, social service providers, and businesses to collaborate to help homeless people in Alaska. In addition to homeless people, the people who lost their jobs were also given a chance to be financially supported by being included in the community empowerment process. This story shows that people may act strategically to support each other when there is a case of a disaster (see also Tekin & Drury, 2021).

Subcategory 2—the advantaged

The results from 39 stories showed that while some people who showed altruistic and prosocial behaviors were economically advantaged, others were physically advantaged (e.g., who did not have any health conditions). To examine these two groups separately, we created two sub-subcategories: (1) economically advantaged and (2) physically advantaged.

1. Sub-subcategory 1—economically advantaged. Previous social psychology studies suggest that people who are not directly affected by an incident or injustice can support those directly affected (Tekin & Drury, 2020). Usually, it is common to see advantaged groups (e.g., men, abled people, higher SES groups) supporting disadvantaged groups (e.g., women, people who have disabilities, lower SES groups). This pattern also can be observed during disaster cases. While the working class is affected by disasters because of a lack of resources in their communities (Clever, 1988; Solnit, 2009), economically advantaged groups can help them meet different types of needs. Extract 11 (Story 3, Week 16) represents one of the 23 stories where groups who have more economic resources supported the impacted communities:

Donations surged nearly 50% in the first half of 2020—the most generous giving recorded in the history of one of America’s largest philanthropic funds. In response to the immense needs created by the COVID-19 pandemic, a resulting economic downturn and a period of deep social unrest, Schwab Charitable donors have been granting at a record pace to support impacted communities. From January through June 2020, donors earmarked over \$1.7 billion in aid, marking a 46% increase in dollars granted, compared to the same period last year. They doled out 330,000 separate grants, which represents the fastest pace of growth in Schwab Charitable history. “The last six months have been incredibly challenging, and I am truly inspired to see donors utilize their donor-advised funds to help communities and nonprofits impacted by health, economic, and social crises,” says Kim Laughton, President of Schwab Charitable. In addition to supporting crisis relief efforts in fiscal year 2020, donors continued to express broad-based generosity in support of their favorite nonprofits. In the last 12 months, Schwab noted that each generation—Millennials, Generation X, Baby Boomers, and the Greatest Generation—saw an uptick in giving from the previous year, granting on average between 7 and 13 times throughout the year. The most widely supported charities in fiscal year 2020 included Feeding America, Doctors Without Borders, the Salvation Army, and Planned Parenthood. “It is very encouraging to witness heightened levels of generosity from donors of all ages in supporting non-profits across the philanthropic landscape this year,” added Laughton.

Extract 11 is an example of how economically advantaged people who shared a human identity shared their financial resources with nonprofit organizations to support economically disadvantaged people. In their research, Uluğ and colleagues (2021) found that higher awareness of socio-economic status-based privilege and higher identification with all humanity predicts more support for equal socio-economic policies. We also observe that, during the pandemic, some people with economically privileged backgrounds tend to share their resources with disadvantaged groups as in other emergencies.

2. Sub-subcategory 2—physically advantaged. In the case of the COVID-19 pandemic, 16 stories showed another altruistic group: those without sensitive physical health conditions (i.e., physically advantaged). As exemplified in Extract 12 (Story 1, Week 15), people who do not have health problems, such as the 20-year-old college student in the story, helped older people reach resources:

The retired arts administrator has been sheltering at home during the coronavirus outbreak, unable to shop for herself. Yearning for some fresh food, she found the 20-year-old through their synagogue, and soon he showed up at her door with a bag full of salad fixings and oranges. Elkind, a junior at Yale, and a friend, Simone Policano, amassed 1300 volunteers in 72 h to deliver groceries and medicine to older New Yorkers and other vulnerable people.

This was another example of how people not directly affected by an emergency identify with the affected and actively support them. Thus, we found a new group of allies during the pandemic: *physically advantaged*, including people who (a) are young, (b) are physically abled, and/or (c) do not have sensitive health conditions. As we also see in Sub-category 1, two people met through their faith community, which is a synagogue in this case. Therefore, considering the members of faith communities, this example also shows how people facilitate their sense of community to receive help or support those who need assistance.

Subcategory 3—volunteers

Prosocial behaviors of volunteers can be considered as an intergroup relation: (a) those in need can be identified as one group (i.e., supported) and (b) those who are able to help as another (i.e., supporter; Brennan et al., 2005; Michel, 2007). Previous literature tend to categorize these two groups—supported and supporter—according to their national and ethnic backgrounds (Zagefka & James, 2015), whereas our research evidence that people, who are not primarily at risk, show voluntary behavior regardless of their ethnic/national background. Seventy-five of our stories showed that volunteers were one of the main altruists who actively provided support in different ways. These volunteering services were provided (a) informally via offering food delivery service and cooking for the ones who need food (23 stories involved informal volunteering) or (b) formally via creating yoga sessions and mental health-related services (52 stories involved formal volunteering). Extract 13 (Story 3, Week 5) represents the story of a group of people who worked as volunteers to create medical items:

The petrochemical plant, located in Marcus Hook, Pennsylvania, was transformed into a “live-in” factory to ensure that no one caught the virus outside. The 43 workers spent 12-h shifts for a month straight in order to produce tens of millions of points of raw materials that will end up in face masks and surgical gowns to be used on the front lines of the pandemic. All of the workers were volunteers (meaning that their CEO did not tell them they had to do it), hoping to meet the increasing demand for polypropylene, which is used to make many medical items.

Due to the COVID-19 pandemic, necessary supplies and resources were inadequate most of the time to keep all communities safe. Therefore, volunteers worked long periods and sometimes even without taking any break to create adequate resources for everybody as exemplified in this story.

Main Category 4: Why do people support?

We found three different reasons why people helped during the COVID-19 pandemic: (1) sharing an emergent identity with those affected, (2) being an ally to disadvantaged groups, and (3) showing gratitude.

Subcategory 1—sharing an emergent identity with those affected

Thirty-three stories exemplified that sharing an emergent identity with the disproportionately affected by the pandemic was one of the reasons behind altruistic behavior. Previous studies showed that a sense of “we-ness” can lead people to share an identity and to actively involve themselves in the process of supporting the ones who are directly affected by an emergency (Ntontis et al., 2018). For example, as mentioned in Extract 14 (Story 4, Week 21), an artist from Los Angeles supported the healthcare workers in New York:

Although this artist is based in Los Angeles, he wanted to send hundreds of his paintings 3000 miles away to New York City to remind hospital staffers that he—and the

whole country—is grateful for their hard work in the fight against COVID-19. “We love you, everybody loves you. You’re loved by millions of people you’ll never meet. You’re not a stranger to anyone. These flowers are from everyone,” Gittes [artist] relayed to the Interfaith staff.

The artist was not from the same area; however, he could identify with the healthcare workers who were one of the primary groups affected by the COVID-19. Using a “we” language, the artist expressed his identity with healthcare workers in New York. In addition, including “everyone” in his altruism and stating “you’re not stranger to anyone” also expresses a sense of unity (see also Tekin & Drury, 2020, 2021; Uluğ et al., 2021).

Subcategory 2—being an ally to disadvantaged groups

In 91 stories, we noticed how advantaged groups have supported disadvantaged groups and communities since the start of the pandemic. In general, allies to disadvantaged communities support them during an emergency because disadvantaged communities have fewer resources (Templeton et al., 2020). In other words, people who have more resources (e.g., economic resources) share them with those who have difficulties obtaining those resources in the community. For instance, since the working class and marginalized communities have been largely affected by the pandemic (see Main Category 1), some economically advantaged people shared their resources to help people overcome the negative effects of the pandemic. Extract 15 (Story 6, Week 2) exemplifies one of the café owners in Melbourne who shared economic resources with the economically disadvantaged:

Café owner Pete Darnos has been forced to close his restaurant in Melbourne, Australia, amidst the COVID-19 outbreaks, but he felt inspired to share financial resources with his community last week after being disheartened by the news. After seeing the news, Darnos went to the bank and withdrew \$10,000 Australian dollars (AUD) in cash and handed out \$100 bills to people standing in line for the social security offices. The 62-year-old has been nicknamed “Generous Pete” for his acts of kindness. Although he initially wanted to keep his identity anonymous, Darnos now hopes that news of his good deed will spread and inspire other people to show compassion to their neighbors, too, in this difficult time for everyone.

In this story, the owner of the café in Melbourne decided to share his economic resources with the community members who are economically affected by the pandemic. In the news report, it was stated that he wanted to keep his identity anonymous. Besides being humble, this statement might also represent that he wanted to be known as a community member who has a sense of community belonging. The report also stated that he hoped to inspire other people to share their resources with their neighborhoods. One can argue that he believed overcoming difficulties could be possible and easier by creating a sense of allyship with others.

Migrant workers in different parts of the world were affected negatively by the pandemic as well because they have fewer economic and social resources. Therefore, for example, women in India showed allyship with migrant workers by providing food to those suffering from the pandemic. It is fair to argue that people who support disadvantaged communities are aware of

systemic inequality in their societies and how the pandemic heighten these existing inequalities as shown in Extract 16 (Story 2, Week 8):

An initiative that involves women from the residential community of Surat, India, cooking five extra *rotis* each has become a massive lifeline for migrant workers who are suffering amidst the COVID-19 lockdown in the country. The food packets are distributed to about 35,000 people in different parts of the city, Indian media reports stated.

Subcategory 3—showing gratitude

As mentioned earlier, frontline workers were primarily affected because they were actively working and in contact with the virus since the beginning of the pandemic (see Subcategory 3 in Main Category 1). Besides physical effects, frontline workers were psychologically and emotionally affected by the pandemic (for a discussion on healthcare workers, see Gavin et al., 2020; Zhang et al., 2020). Therefore, people in different communities tried to support frontline workers by representing their gratitude. Eight stories in our data represented community members who sent their appreciation to the frontline workers in various ways. In Extract 17 (Story 2, Week 18), we can see how people showed gratitude by using the “we” language to represent their love and support:

Saul and Keon have never missed a day of work picking up trash in Miami Beach even during the racism and COVID-19 pandemics—and they’re especially glad they were covering their route this week as a beautiful surprise awaited them. When their huge truck rolled down the street into the North Bay Road community they found scores of residents who’d gotten up early to line the street with signs, balloons, gift bags, cards, and presents, all to simply say “we love you.” Jennifer Elegant wanted to show her family’s appreciation so she organized the socially distancing surprise “thank you” celebration to honor the essential workers whom she called “extraordinary.” “They continue to maintain their upbeat demeanor even during this stressful COVID-19 pandemic, sacrificing their own safety in order to keep our city clean and beautiful,” she said.

In Extract 17, community members showed their appreciation and gratitude to two of the frontline workers of their community. Even though community members were affected by the COVID-19 pandemic as well, they were aware that two people who pick up their trash never had an opportunity to rest. To show their respect and sense of community, they created a surprise for those two frontline workers. By creating a surprise “thank you” event, the community members showed their sense of community and sense of awareness for the hard work of frontline workers.

DISCUSSION

In this study, we aimed to answer four main questions by analyzing 104 altruistic stories that were compiled from the beginning of the pandemic. First, we examined who receives the most support during the pandemic. Second, we scrutinized what type of support is provided. Third,

we examined who those supporters are. Last, we tried to uncover why people support each other during the pandemic. Based on the examples in our data, the findings provided us an opportunity to evidence both what steps people follow in helping others and the possible reasons behind their helping behaviors.

According to the research on previous disasters cases (see, e.g., Jetten et al., 2020; Muldoon et al., 2017; Tekin & Drury, 2021; Templeton et al., 2020), certain groups of people (e.g., working class and marginalized) are usually affected by the emergencies disproportionately because of the systemic inequalities (Drury et al., 2020; Templeton et al., 2020). As mentioned earlier, in the case of the Hurricane Katrina disaster, people who experienced pre-existing inequalities before the disaster suffered more in the aftermath because there was a lack of resources and inadequate response from the authorities. Therefore, volunteers and supporters from different communities represented prosocial behaviors to meet the different types of needs of survivors. Consistent with this example, we also found that altruistic and prosocial behavior was represented by community members and volunteers during the COVID-19 pandemic. Even though the pandemic is taking longer, compared to other disasters, the stories show that people have helped each other throughout the process. Moreover, besides material help (which was mainly the case after the hurricane), support was provided by showing gratitude or overcoming the psychological effects of the pandemic.

During the COVID-19 pandemic, similar to previous disaster cases, the economic gap between wealthiest and poorest increased severely, many people lost their jobs, and reaching out the health-care services or educational opportunities have become impossible for lower SES groups in some contexts (Jetten et al., 2020; Uluğ et al., 2021). Because of the nature of our data, we could not provide more information about who was affected to what degree. However, we could examine and show which groups received the most support in the stories we examined. We argue that these groups were supported more frequently because the pandemic created unequal experiences for them. Consistent with the previous emergency cases, we, first, found that the working-class and marginalized populations were one of the main groups who received the most support. Similar to our findings, policy reports (The Independent SAGE, 2020; United Nations, 2020) and recent studies on the COVID-19 pandemic (Armitage & Nellums, 2020; Liu et al., 2020; Mueller et al., 2020) also showed that the older individuals and people with sensitive health conditions and disabilities were some other groups at risk because of their biological and physical conditions (The Health Foundation, 2020). Unlike other emergencies, these groups are unique to the pandemic because of their physical and health conditions (Mueller et al., 2020). The last group that we identified was frontline workers. As frontline workers have been at higher risk of being in contact with the virus, they were the primary focus group in many policy reports and academic research related to the question of which groups were mainly affected (Reed, 2020). Therefore, it is not surprising that our results also showed that frontline workers received the most help and support during the pandemic.

We also identified that material support, social/emotional support, and psychological support were the three types of support in those altruistic stories during the COVID-19 pandemic. Research on previous disaster cases has shown that disaster communities can be supported in various ways such as material support (e.g., donations, accommodation, and medical support; Solnit, 2009; Zagefka et al., 2012) and psychological and emotional support (Muldoon et al., 2017). One of the interesting findings was that certain groups received certain types of support. For example, psychological support was provided to frontline workers (especially healthcare workers), whereas material support such as food and accommodation was provided to working-class and ethnic minority groups. The older population and people with sensitive health conditions and

disabilities also received mainly material support; however, the reason behind this type of support might be different. According to our findings, we noticed that the older individuals and people with sensitive health conditions and disabilities were helped to keep these people away from contracting the virus.

We also identified three kinds of supporters who presented altruistic and prosocial behaviors to the community members in various ways. First, consistent with previous disaster cases (Zagefka & James, 2015), we found that faith communities and different organizations made charitable donations during the pandemic. Second, our results showed *volunteers* as one of the main altruists, consistent with the literature (Bowe et al., 2020, 2021; Domínguez et al., 2020; Gray & Stevenson, 2019). Besides formal volunteers who helped through working in an association, some informal volunteers helped their community members as well. Therefore, one can say that community-based support arose during the COVID-19 pandemic, and volunteers were one of the main actors who took the responsibility of helping. Recent research has shown that mutual aid groups were very productive during the COVID-19 pandemic in terms of meeting community needs more strategically and systematically (Fernandes-Jesus et al., 2021; Stansfeld et al., 2020). However, we also found that individual volunteers can also take steps to help their community members when there is an emergency.

Our results complemented previous findings by showing that allies to disadvantaged communities were also active as a prosocial group during the pandemic. Even though allies were found to be important supporters of disadvantaged groups in the collective action literature (e.g., Uluğ & Tropp, 2021), disaster literature has not focused on how allies could help disadvantaged communities when there is an emergency case. Uluğ et al. (2021) showed that identification with all humanity predicts higher economic support for disadvantaged groups. Considering allies as the ones who share a human identity with the disadvantaged population, our research has shown that not only *economically* advantaged but also *physically* advantaged people help other people during the pandemic.

Considering our last question, “*Why do altruists support people in need?*,” we found three different reasons: (1) sharing an emergent identity, (2) being an ally, and (3) showing gratitude. In line with the previous literature (Drury et al., 2019; Ntontis et al., 2018; Tekin & Drury, 2020), our results indicate that regardless of being a member of advantaged or disadvantaged groups, people may share a sense of “we-ness” and share the same *human* identity (for a discussion on shared humanity during the pandemic, see Jetten et al., 2020) and provide help to those in need.

Our results also contribute to the literature by suggesting that people who have more economic resources, in other words, advantaged, might become aware of the social injustices when there is a case of an emergency. Therefore, they could share their available resources with the ones who primarily suffer from the emergency situation, here, *the pandemic*. Our last contribution is that altruism and prosocial behavior also happens to show gratitude. Although previous social psychology literature suggested that altruistic behavior occurs to support the survivors both emotionally and psychologically by listening to survivors’ issues and asking them their needs (Archer & Boonyabanha, 2011; Drury et al., 2019), showing gratitude was not stated as one of the reasons behind altruistic behaviors. We found that individuals from different communities express altruism and respect to show their appreciation for the efforts of the frontline workers. Since they were aware of the efforts and negative conditions of the frontline workers, showing gratitude became one of the reasons behind altruistic behaviors during the pandemic.

Practical implications

Identifying who received the most help and what type of support were provided in the pandemic is essential to contribute to the risk assessment process. Our research has shown some similar patterns with previous research on previous disasters and emergencies: Even though emergencies occur in different ways, who suffers more and what types of needs are lacking do not really change. Considering our findings, we can recommend policymakers be ready to support the working class and marginalized groups, older populations, and people with sensitive health conditions and disabilities before any kind of emergency hits in the future.

Second, our research also shows that community support becomes more salient when there is a case of an emergency. Besides formal volunteers who work with associations and organizations, informal volunteers might also help those in need. As previous research has also recommended (Bowe et al., 2020, 2021; Drury et al., 2021; Fernandes-Jesus et al., 2021), authorities and policymakers need to collaborate with community mutual aid and volunteer groups while creating any safety guidelines. Because community groups are often considered community members (like ingroup members), adherence to emergency safety guidelines can be more acceptable if the message comes from those who share the same identity with the community (Templeton et al., 2020).

In addition to community members, allies from different communities and advantaged backgrounds also support those in need when there is an emergency. Therefore, policymakers and authorities can find a more balanced and strategic way to distribute available resources in the community during an emergency. For example, in the United States, even though governments helped their citizens by providing stimulus checks, the needs of individuals who earn up to \$30,000 per year were different than individuals who earn up to \$75,000 (BBC, 2020). For this reason, governments can collaborate with economically advantaged individuals and groups (e.g., philanthropists) in order to figure out a strategy for supporting each section of the communities equally.

Last, people who identify with all humanity are also more willing to share their resources with those in need (Uluğ et al., 2021). Based on our results, we can recommend policymakers to collaborate with all sections of different communities and organize community-based workshops in order to encourage people to increase their identification with all humanity. In that case, each section of the society can reach these resources at the same time.

Limitations and future directions

While our research has unique and applicable findings to contribute to social psychology and disaster literature, it also has some limitations. First of all, even though there were examples of community and public support, a vast majority of the stories were about supporting healthcare workers. Because of the nature of the emergency (i.e., a pandemic that threatens people's lives), healthcare workers were one of the groups at higher risk of being in contact with the virus. Some reports and studies also emphasize the mental health and emotional-related problems healthcare workers have experienced during the pandemic (Gavin et al., 2020; Zhang et al., 2020). Therefore, we believe that especially gratitude-related stories that involve examples of social, emotional, and psychological support were mainly about supporting healthcare workers in our dataset.

Second, because we analyzed stories published as newspaper articles, this did not allow us to explore psychological motivations as in semi-structured interviews. Also, our data collection

method limited us to provide more information about the accuracy of the stories. Because the stories came from media resources, we did not know if there was any deliberate or accidental change in reporting the news. Future studies may consider interviewing people who showed altruism and prosocial behavior during the pandemic and ask why they did so by using open-ended questions.

Third, even though we could explain how and why altruism occurred to some extent, we could not examine if each altruistic behavior became a long-lasting one. Each story appeared one time in the story pool, and we do not have any information about the effect and sustainability of altruistic behaviors. Our data shows that altruism continues to occur in different communities throughout the pandemic; however, we do not have any information about how long or how many times each story reoccurs.

Last, although the stories came from all over the world such as India, Australia, and England, because the stories were collected at Ball State University in the United States and only searched in English, most of the stories (77 stories; 80%) were still US-based. Therefore, we caution readers that the stories cannot be generalized to all the countries, especially to non-Western ones. Nevertheless, we still believe that our coding frame provides a template to analyze future altruistic and prosocial stories. Even though the stories are mainly based on one country, it is still fair to argue that disaster communities support each other similarly in different parts of the world (e.g., Solnit, 2009).

Because disasters and emergencies are considered political incidents, the experience of the event differs according to the social and systemic statuses of agents; therefore, prosocial behaviors can also happen to seek justice. In other words, a shared sense of injustice (Tekin & Drury, 2020) can be considered as another reason for prosocial behaviors when there is an emergency. As the working class and marginalized communities are affected by emergencies because of the pre-existing inequalities, it is common to see people supporting each other with political actions, such as justice-seeking campaigns for survivors in the aftermath of a disaster (see Grenfell Tower fire case in Tekin & Drury, 2021).

While COVID-19 related news was a hot topic worldwide, a racist incident mobilized people to gather together and support people of color. Minneapolis Police Department Officer Derek Chauvin killed George Floyd by kneeling on his neck (May 25, 2020). Therefore, Black Lives Matter (BLM) supporters worldwide protested to seek justice for Floyd and other racial minorities that experience racism throughout their daily lives. After George Floyd's murder, many organizations, communities, and individuals expressed their support to ethnic minorities by spreading the BLM message in different ways. In our stories, 19 were about supporting BLM supporters for justice via different actions. Because our research aim was to understand how prosocial behavior occurs to support the ones who needed the most support during the pandemic, we did not include this as a separate subcategory. However, what we found interesting was that people took the risk of being in contact with the virus and went to BLM protests to seek justice for George Floyd and the ones who suffer from racism. We believe that focusing on this risk-taking behavior to seek justice can be a very interesting point for future directions.

To sum up, this study examined how and why altruism happens through certain groups when there is a long period of emergency. Besides expressing altruistic and prosocial behavior with material support, people also support each other to provide gratitude. Our work contributes to the literature by being the first social psychological research that provides additional categorizations of altruists, altruistic behavior, and the reasons for altruism. In addition, we were able to link disaster literature on the one hand and social psychology literature on the other by analyzing altruistic stories from different parts of the world. We hope that our results encourage more altruistic and prosocial behavior as it looks like these behaviors will be needed even more to support disadvantaged communities in the aftermath of the pandemic.

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DATA AVAILABILITY STATEMENT

All the data including 104 stories, coding sheet, and trial coding are available at https://osf.io/ptkdg/?view_only=2827f48c27324b5d9b1d41ad636de914

OPEN RESEARCH BADGES



This article has earned Open Data and Open Materials badges. The research in this paper is not preregistered, but the authors have made available all data, analytic methods (e.g., code), and study materials at the Open Science Framework (https://osf.io/ptkdg/?view_only=2827f48c27324b5d9b1d41ad636de914).

ORCID

Selin Tekin  <https://orcid.org/0000-0001-9135-2308>

Özden Melis Uluğ  <https://orcid.org/0000-0001-7364-362X>

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AUTHOR BIOGRAPHIES

SELIN TEKIN is a Post-Doctoral Research Fellow at the University of St Andrews in the School of Psychology and Neuroscience. She has submitted her PhD thesis, in September 2021, in the School of Psychology at the University of Sussex. Throughout her education, she aimed to understand how and why working-class minority ethnic groups are disproportionately affected by a disaster, and how they (and their supporters) act as one to overcome injustice against the way that they were treated by the authorities. Her work specifically focuses on the social psychology of community organizing following the Grenfell Tower fire of 2017.

MONICA SAGER is a student at Clark University working toward her Masters of Science in Professional Communications. While conducting this research, she gained her bachelor's in psychology and journalism. Monica currently works as a community correspondent with Central Mass Town Square, and she hopes to one day use her psychology background with her journalistic work to become an investigative journalist, highlighting different issues within society that need to be changed.

AUDREY BUSHEY is a student at Clark University.

YAWEN DENG is a graduate student at Georgetown University studying Integrated Marketing Communications. In 2021, she received her bachelor's degree at Clark University in psychology and marketing. Yawen aimed to use her knowledge of psychology and marketing to help with companies' growth and development, to increase brand awareness and loyalty.

DR. ÖZDEN MELIS ULUĞ is a lecturer in the School of Psychology at the University of Sussex. She completed her post-doctoral fellowship in the Psychology of Peace and Violence Program at the University of Massachusetts, Amherst in 2019. She received her PhD in Psychology from Jacobs University Bremen, Germany in 2016. Her areas of research interest include intergroup conflict, intergroup contact, collective action, and solidarity between groups.

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