A Solidarity-Care Ethics and Human Flourishing Approach to the Covid-19 Pandemic: A U.K. Perspective

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Citation: Shabbir, Haseeb A., Michael R. Hyman, and Alena Kostyk. "A Solidarity–Care Ethics and Human Flourishing Approach to the COVID-19 Pandemic: A UK Perspective." In *Community, Economy and COVID-19*, pp. 549-573. Springer, Cham, 2022.

Abstract

The Covid-19 pandemic illustrates that standard assessments of human well-being fail in the face of substantial social disruptions. To overcome this problem, we focused on two human flourishing frameworks: the Shultz et al. (2017) macromarketing framework and the Shabbir et al. (2021) solidarity-care framework. As these frameworks share commensurable theoretical assumptions, we fused them. We then used the fused framework to evaluate how the U.K.'s Covid-19 responses affected community flourishing. Specifically, we examined the effect of two competing social forces—Brexit and the Black Lives Matter movement—on pulling Britons toward a flourishing or distressed community.

Keywords: U.K. pandemic response, solidarity-care ethics, human flourishing, Brexit, Black Lives Matter movement

Introduction

Amid the backdrop of the Covid-19 pandemic, human well-being has declined while economic and social inequality has increased (Keeley, 2015; Vanham & Harris, 2021). For example, many well-being indicators—such as indices of happiness and life satisfaction, mental and physical health, meaning and purpose, close social relations, and financial and material stability (Sirgy, 2012)—have declined markedly in the U.S since the Covid-19 pandemic began (VanderWeele et al., 2020). Some marketers attribute this phenomenon to obscured or ignored structural socio-economic inequalities revealed by an existential societal threat (e.g., Hyman et al., 2020).

The nexus between social and economic needs within a Covid-19 context suggests many questions. Answering the question, "Do we just have to make a hellish trade-off between medical health and economic health?" (Friedman, 2020) means contrasting the 'economy first' priority in countries such as the U.S. and the U.K. with the 'health first' priority in countries such as New Zealand and South Korea, and re-evaluating the economic health versus disease-free population trade-off (Latemore, 2020). Although the Global Health Security (GHS) Index ranked the U.S. and U.K. as the best-prepared nations to cope with a pandemic, high Covid-19 fatality rates badly disrupted both societies (Abbey et al., 2020). In contrast, the GHS Index deemed most African nations the 'least prepared' and many Asian countries 'average prepared', yet countries such as Malawi, Pakistan, and Vietnam were lauded for successful pandemic management.

Although no common denominator thoroughly explains the lower Covid-19 incidence rates in some countries, an early lockdown with concomitant social restrictions, compliance with the World Health Organization's (WHO) directives, and unified messages from governments, businesses, and NGOs, seemingly played an important role. For example, the WHO praised

Pakistan for its national policymakers cooperating with WHO advisory teams from the pandemic's onset (Junaidi, 2020). Vietnam was lauded for fostering a sense of national identity that encouraged its people's anti-virus behaviors (Ivic, 2020; Le, 2020; Tran, 2020). The African Center for Disease Control, an initiative created in conjunction with the African Union, has swiftly tackled pandemics at a continental level since 2015 (Aïdi, 2020). As early as January 2020, it asked member states for enhanced surveillance of Severe Acute Respiratory Infections (SARI) and vigilance in confronting pneumonia case clusters (Aïdi, 2020). These examples suggest that well-regarded global rankings like the GHS Index may fail to predict national pandemic responses and successes.

To properly assess well-being and ensure the rights requisite to human flourishing, global social movements such as the *Economy for the Common Good* call for replacing Gross Domestic Product with Common Good Product, which prioritizes biodiversity while eliminating structural inequalities and climate change (Economy for the Common Good, 2021; Pogge, 1999). This high valuation of human flourishing encourages a constructive critique of the status quo and respect for cultural autonomy (Pogge, 1999). It roots human flourishing in universal health, productivity, respect, and freedom for all humans (Ruger, 2006, 2020; Sen, 2009). Structural inequalities, which reflect "a cascade of iterative and cumulative processes…[characterized by] mutual interdependencies and shared vulnerabilities," are anathema to such flourishing (Ruger, 2020, p. 47).

Melding the macromarketing model of human flourishing in Shultz et al. (2017) (henceforth SRS) with the solidarity-care ethics framework in Shabbir et al. (2021) (henceforth SHK) can provide a new perspective for assessing how the Covid-19 pandemic affected human flourishing. Two features of U.K. society at the pandemic's onset—Brexit and the Black Lives

Matter (BLM) movement—suggest the U.K. provides an excellent testbed for assessing this fused perspective's value.

This chapter proceeds as follows. After discussing the theoretical lens for this project, we present the fused SRS-SHK framework. Then, we illustrate the value of this new framework for modeling human flourishing within the U.K.'s Covid-19 response.

Introduction to SRS and SHK

Overview of the SRS Model

In SRS, a flourishing community is characterized by "shared values, cooperating to ensure clear evidence of positive physical, economic, environmental, and social well-being, which empower constituent members in their efforts to affect further prosocial outcomes for stakeholders of the community" (p. 403). Solidarity, which is crucial to such communities, focuses on governments, businesses, NGOs, and citizen-stakeholders as catalysts to nudge the socio-cultural eco-system in an adaptive direction (SRS).

Central to SRS's argument is the centrality of a market-based system "that delivers appropriate goods and services valued and demanded by the community" (p. 34) and ensures the flourishing of consumer-citizens based on the catalysis required for anti-disruption resilience. When product assortment, availability, and quality are high, catalytic institutions can help market-based systems create community well-being. SRS's framework focuses on the dynamic institutional interplay that strengthens the market and societal forces needed for human flourishing during an existential disruption. This nexus intersects with consumer-citizenship behaviors and macro-factors that influence flourishing.

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Overview of the SHK Framework

The solidary-care ethics continua in SHK assumes three intensity levels—caring about and solidarity for, caring for and solidarity with, and care giving and solidarity with the 'other'—as successive levels concomitant with human flourishing. A flourishing approach's viability during a disruptive pandemic depends on society's ability to operate along solidarity-care ethics axes (Hyman et al., 2020; SHK). SHK stresses the solidarity-care ethics synergies across micro-, meso-, and macro levels that encapsulate the consumer citizenship, catalytic institutions, and macroenvironmental factors needed for human flourishing. SHK recognizes the effect of two competing worldviews, national identification versus collective narcissism, on Covid-19 policy compliance (Van Bavel et al., 2020). Although national identification effects are substantial, collective narcissism has a lesser but meaningful effect (Federico et al., 2020; Van Bavel et al., 2020). An ascending solidarity-care ethics nexus entails resilience and human flourishing, and a descending nexus entails vulnerability and a distressed community.

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How SRS and SHK Are Similar

Table 1 summarizes the similarities and differences between SRS and SHK. Both frameworks assume the temporal and transitory nature of human flourishing, which SHK attributes to the "ecology model's often-overlooked chrono dimension that considers past strategies and their effect" (p. 188). SRS and SHK contend community well-being is dynamic, with nonlinear progression and regression, and values and cultural norms affect the ability to assess flourishing (SRS p. 407; SHK p. 188).

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Both SRS and SHK posit that personal well-being should be conceptualized in a

community well-being context, as personal flourishing coincides with community flourishing. Although SRS grounds this conceptualization in positive psychology that highlights the importance of people's interrelationships (p. 406), and SHK grounds it in care ethics (p. 182), both frameworks share a 'human flourishing' focus. Accordingly, SRS and SHK acknowledge that shared values and cooperation are critical to a community's flourishing (SRS p. 407; SHK p. 183).

Both frameworks assume communities and their members exist within systems comprised of extensively and continuously interacting subdomains and events, with actions within one subdomain potentially affecting other subdomains. Underpinning SRS and SHK is the need to evaluate multiple layers of influence and their intersection between community sub-systems (SRS p. 409; SHK p. 184). Furthermore, a community's social, cultural, and political structure co-determines its ability to diminish or flourish during existential disruptions like a pandemic. Hence, government, business, and NGO rhetoric can shape flourishing during crises.

How SRS and SHK Differ

To properly meld two theoretical perspectives, scholars must ensure that unlike underpinnings do not create an internal contradiction (Skipper & Hyman, 1987). Fortunately, SRS and SHK seemingly rely on different but compatible underlying assumptions.

Table 1 shows nonuniform theoretical grounding, focus, number of continua modeled, crisis mitigating or exacerbating influences, and change agents. SRS contends community well-being exists along a distressed-to-flourishing continuum. Drawing from Maslow's need hierarchy theory, SRS assumes a hierarchical relationship across community flourishing levels, with satisfying lower-level needs (e.g., low pollution, disease, and crime incidence) prerequisite to satisfying higher-level needs (e.g., high work productivity, income, and educational

attainment) (SRS, pp. 404-405). In contrast, SHK derives from phronetic polysemic marketing (which requires transparency and inclusivity), conceptualizes community well-being relative to juxtaposed solidarity and care continua, and assumes a hierarchical relationship across solidarity and care levels, with higher-level community well-being (e.g., attentive commitment to the 'other') prerequisite to lower-level well-being (e.g., attentive companionship with the 'other') (SHK p. 184).

Whereas SRS's framework is compatible with the community vulnerability factors presented in Fussel (2007), SHK is grounded in an ecology model (Bronfenbrenner, 1979). Fussel (2007) posits a 2 x 2 matrix of internal-socio-economic factors (e.g., household income, social networks), internal-bio-physical factors (e.g., topography, landcover), external-socio-economic factors (e.g., national policies, economic globalization), and external-bio-physical factors (e.g., severe storms, earthquakes). The Covid-19 pandemic crossed all cells, emanating from an external-bio-physical source, requiring management at the external-socio-economic level with national pandemic governance policies, and influencing internal socio-economic and external-bio-physical factors. In contrast, the ecology model relies on personal (micro), sector or organizational (meso), and worldview (macro) levels to map interventions designed for prosocial change. The ecology model's micro and meso levels are akin to Fussel's internal factors, and its macro-level is akin to Fussel's macro-environmental stressors (Fussel, 2007).

SRS stresses the consumer-citizen and market-based interaction between firms and consumers as catalysts for human flourishing during crises. For SRS, market systems operate as "an adaptive network(s) or a matrix of individuals, groups or entities" (p. 28), which depend on society's "temporal sensibilities and institutional anxieties" (Watts, 1999, p.10) or the nexus of personal somatic pain to state polity and its representational global pain (Aaltola, 2012). SRS

notes that a community's social, cultural, and political structure co-determines society's ability to diminish or flourish during an existential disruption. In contrast, for SHK the polysemous nature of crisis sociopsychology influences the direction, structure, and ensuing equilibrium from crisis-induced disruptions (see Hyman et al., 2020). Unlike SRS's focus on marketing systems, SHK highlights social inclusivity and structural inequalities, as traditional marketing systems failed many marginalized communities during the Covid-19 crisis (SHK p. 181).

SRS and SHK indicate that community-based agents can devise programs and policies that influence internal and external factors related to flourishing. However, SRS assumes this agency for catalytic institutions (i.e., government, businesses, NGOs, and citizen-stakeholders) (p. 413), and SHK assumes this agency for social marketers and public policymakers (p. 181).

Although additional scrutiny is warranted, these differences seemingly introduce no incommensurate assumptions. Thus, an SRS-SHK fusion incorporating catalytic institutions and their effect on moderating solidarity-care ethics trajectories, either by decreasing community vulnerability or increasing community resilience, seems viable.

The Fused SRS-SHK Framework

Figure 3 depicts the fused SRS-SHK framework, which includes a two-way interaction between consumer-citizen communities and catalytic institutions. This interaction can shift along the collective narcissism (characterized by actions, policies, and messaging that reduces solidarity and care) versus national identification (characterized by actions, policies, and unifying inclusivity messaging that boosts solidarity and care) axis. This new framework captures the dynamics of community well-being as either descending from or ascending toward human flourishing. The framework also incorporates the continuous two-way interaction between community and macro-factors (as described in SRS).

We now illustrate this fused framework's value within the context of the U.K.'s response to the Covid-19 pandemic. This crisis represents a disruptive event that affected Britons' well-being substantially, with catalytic institutions implementing various policies and programs meant to decrease community vulnerability and increase community resilience.

The U.K. Context

What makes the U.K. context especially valuable for investigating solidarity-care ethics practices is the duality of two macro-level social forces at the pandemic's beginning: Brexit and the BLM movement. Although collective narcissist appeals that played to anti-migrant and refugee sentiments fomented Brexit, the BLM movement's effort to dismantle structural and systemic inequalities celebrated diversity, equity, and inclusion, thereby embracing a core tenet of national identification: the welfare of minority in-groups. Thus, the U.K. provides a unique backdrop for how identity politics can exacerbate social disruptions and discontinuities caused by a public health crisis.

The Covid-19 pandemic's onset coincided with a symbolically existential social change: Brexit. Despite a successful referendum in June 2016, Britons continued to debate incessantly about whether to remain in or vacate the European Union (E.U.). As a result, the pandemic began before the U.K. finalized its E.U. exit strategy. Although many experts warned Brexit would bewilder and disrupt U.K. businesses, consumer markets reacted positively to Brexit (The Economist, 2020). In early 2020, consumer confidence and well-being analysts claimed that 'Brexit's delivery' mitigated looming uncertainty (Mintel, 2020a). With consumer confidence indices at record high levels due to high employment, above-inflation wage rises, and improving opportunities for young workers, many Britons planned lavish summer vacations (Mintel, 2020a).

Brexit was a milestone for U.K. consumer markets (Mintel 2020a). However, believing objectively considered evidence rather than irrational cultural and xenophobic sentiments instigated it is a 'positivist illusion' (Dunin-Wasowicz, 2017; Miller et al., 2016). Symbolic messaging and the public's emotions are vital to coping with pandemic-related social disruptions and discontinuities (Hyman et al., 2020). Highly inclusive, polysemic messaging from public policymakers can spur transcendental collective momentum for securing the public cooperation needed to mitigate a pandemic's negative consequences. Unifying collective well-being-centered appeals, rather than individualistic appeals, can succeed (SHK). By reflecting an internal (i.e., Remainers versus Leavers) versus external (i.e., the European macro-community) split, Brexit is unification's converse. Polysemic messaging focused on collective responsibility and intra-community relationships starkly contrasts Brexit's symbolic meaning. Regardless, the divisiveness of U.K. society created a wasteland for the solidarity-centric messaging needed to tackle pandemic-induced disruptions (SHK).

The BLM movement created an opportunity to transcend Brexit's underlying xenophobic tropes and embrace national identification. It reflected introspection across internal and external socio-economic levels within internal-bio-physical sources linked to health disparities among marginalized (e.g., Black, Asian, and minority ethnic; aka BAME) communities (Fussel, 2007). The ecology model also calls for introspection about anti-racial attitudes, meso or sector-wide support for black causes, and a more expansive historical socio-cultural worldview related to the structural inequalities legacies of post-colonial Western societies. It elicits a sense of national identity that recognizes the value and dignity of in-groups within the wider in-group, thus directly challenging Brexit-related rhetoric as national or collective narcissism denigrating immigrants, asylum seekers, and refugees.

The U.K.'s Covid Response

Brexit and the BLM movement challenge U.K. society's response to a collective threat like the Covid-19 pandemic and have implications for the solidarity-care ethics nexus. Catalytic institutions such as government, businesses, and NGOs helped shape the U.K. marketplace during the pandemic (SRS). However, critics derided the U.K.'s Covid-19 response for confused messaging, delayed actions, and exacerbated structural inequalities (Balmford et al., 2020; Hyman et al., 2020; SHK; Wardman, 2020). Unlike Brazil, Russia, and the U.S., and in contrast to Pakistan, South Korea, New Zealand, and Vietnam, the U.K.'s response risked normalizing necropolitical practices (i.e., use of social and political power to dictate how some people may live and how other people must die) or relegating sub-populations to a non-flourishing existence (Mbembe, 2003, 2019; SHK).

The U.K. context circumscribes the ideological parameters of a catalytic institutional arrangement (SRS). These institutions exhibited behaviors across the solidarity-care ethics continua, with different behaviors characterized as enhancing or detracting from intra-community solidarity and care (SHK). Sustained flourishing and high quality of life depend on the intra-communal support that ensures positive outcomes for the greatest number of community members (Hyman & Kostyk, 2019; SHK; SRS). Like the catalytic institutions, and per the consumer-demand component of SRS's framework, U.K. consumers behaved positively and negatively along the solidarity-care ethics continua. However, consumers and catalytic institutions progressed indirectly across SHK's solidarity-care ethics levels. Instead, as outlined by SHK, frequent setbacks followed by recoveries reflected continual adjustment and movement between levels in an overall negative direction. Table 2 summarizes some exemplar practices of catalytic institutions and consumers in the U.K. during the Covid-19 pandemic.

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Solidarity-Care Ethics Level 1: Solidary for and Caring about the 'Other'

At this level, solidarity manifests as advocacy and caring about the other and pledging to repair the other's world. Unfortunately, U.K. policymakers delayed implementing the Covid-19 lockdown and compliance interventions advocated by the World Health Organization during the pandemic's initial and perhaps most critical stage. The mantra 'We're following the science' and arguments based on the scientifically dubious notion of 'behavioral fatigue' became common justifications for avoiding the unpleasant behavioral changes needed to contain Covid-19 (Mahase, 2020). Instead, U.K. politicians and healthcare administrators embraced a radical policy meant to create herd immunity by encouraging the controlled spread of Covid-19 among low-risk persons (i.e., younger people with no comorbidities like heart disease or diabetes) continuing to lead their 'normal life'. Spurred by the *Great Barrington Declaration* signed by 65,000 people globally, including leading U.K. scientists, achieving herd immunity became a popular goal in Sweden, the Netherlands, Brazil, and India. However, trying to establish pre-vaccine herd immunity to Covid-19 would cause many preventable deaths in the U.K.; assuming a 75% infection rate and a 1% fatality rate, roughly 500,000 Britons would die from Covid-19. Confronted with these grim statistics, Britons widely condemned this public health strategy, which has since been linked to eugenics (e.g., Jones & Helmreich, 2020; Laterza & Romer, 2020). Herd immunity was widespread for managing epidemics in the 1930s, an era Alison Bashford refers to as the 'eugenics half-century' of Western public health management (Bashford & Levine, 2010). Solidarity-care ethics level one suggests public policymakers should actualize public protection during a pandemic by promulgating messages from credible sources like the World Health Organization. A commitment to credible sources should induce an

adaptive solidarity-care ethics trajectory.

Solidarity-care ethics level one was evident in U.K. policymakers' assurances to the business community about preliminary relief packages and job retention schemes, honeymoon periods for loan repayments by consumers and businesses, and other interventions. During the pandemic's early stages, many major consumer good producers relied on unifying themes in their marketing communications, such as 'We're all in this together'. Although such messaging superficially appears unifying, it could have the unintended negative consequence of "obscuring the extreme forms of inequality which are exacerbated in the crisis" (Sobande, 2020, p. 1034). By commodifying 'we' and thus solidarity and care ethics in the U.K., 'we' can become "nefariously weaponised by brands with an interest in painting a picture of places, and even the world, as being free from discrimination and differences between people, in order for them to target a broader market demographic than usual" (Sobande, 2020, p. 1036).

Although capitalism and consumer culture can provide insights into Covid-19-related corporate communications, solidarity and care ethics pertain to the U.K.'s tightening embrace of the NHS. As the U.K. government finalized its lockdown, it tried to persuade the public to protect the National Health Service (NHS) with its 'Stay home, protect the NHS, save lives' slogan. This polysemous framing has the earmarks of a prototypical solidarity-care ethics message (Hyman et al., 2020; SHK). By melding self-identity with national identity, protecting the NHS traversed all layers of the solidarity-care ethics nexus. Businesses applauded grassroots and community initiatives to provide relief or reduce the NHS's burden. Seemingly, the U.K. had acquired a collectivist spirit, with socialpreneurship increasingly embraced by organizations wanting 'to do their part' and momentum building toward advancing the solidarity-care ethics trajectory.

Although health and NHS-related charities benefitted from record donations, state funding increases did not cover Covid-19-induced public needs. In response to a civil sector request for an additional £4.3 billion to stave off a heightened demand for social services, the U.K. government announced a relief package of only £750 million. Sadly, the civil sector was tardy and muted in advocating for its beneficiaries. The CharitySoWhite movement reminded civil servants that 'silence is not an option' (CharitySoWhite, 2020).

Despite a focus on relieving immediate financial damage to the less fortunate—relying, for example, on innovative online fundraising—efforts to raise awareness about long-term damage resulting from the government's skimpy relief package were inadequate. Amid this polysemous silence from the civil sector, grassroots movements stressed the disproportionate incidence of Covid-19 within a BAME community characterized by essential workers and overcrowded living conditions. Against the backdrop of the BLM movement, non-profit organizations recognized the need to shift from utility and appeal-based approaches to more society-oriented approaches.

Solidarity-Care Level 2: Solidarity with and Caring for 'the Other'

At this level, solidarity and care for the 'other' manifest as humanizing others, promises, assurances, and presence. In the U.K., an excellent example is Queen Elizabeth's national address on Covid-19. Unlike the U.K. government, Queen Elizabeth counseled Britons about the need for "coming together to help others" (solidarity) and humanizing communities (care) with the reminder that "we will be with our friends again; we will be with our families again; we will meet again" (BBC News, 2020). The Queen further reified her nation's mood by celebrating NHS workers' efforts, complementing the government's pro-NHS campaign. The Queen's message of solidarity and care—only the fourth time she had addressed the nation (excluding her

annual Christmas addresses)—was momentous, and her use of "we will meet again," which played on the popular World War II anthem, was a masterstroke (Hazell & Morris, 2020). Unlike her government's misuse of war rhetoric to frame its Covid-19 policy, the Queen's message drew on public memory by emphasizing the situation's direness while avoiding populist and lazy wartime rhetoric (Benziman, 2020). The heritage afforded to Britons by their monarchs provides a betwixt fusion of change and continuity, i.e., an "omnipresence of time" (Balmer, 2011, p. 1390). Pandemic imagination comprises a "configuration of temporal sensibilities and institutional anxieties" (Watt, 1999, p. 10). To overcome these anxieties, the convergence of the past, present, and future—a Kairos moment—renewed or transformed a pandemic-weary public (Gomel, 2004; Kermode, 2000).

This Kairos moment, which humanized the NHS, came from the Queen's speech. Unfortunately, a reversal ensued shortly after with the Cummingsgate scandal, which thwarted Britons' acceptance of their government's Covid-19 policies (Wardman, 2020). U.K. government leaders' hypocritical defense of an official who breached the Covid-19 lockdown policy violated procedural justice and led many Britons to believe 'special people could ignore the rules everyone else must obey' (SHK). Rather than sustaining the Queen's Kairos moment, public trust in the government declined precipitously. An exercise in national identification soon morphed into collective narcissism. What previously had bound people of all political stripes soon mimicked the divisionary identity politics prevalent in the U.S.

During this period, businesses impeded these political shenanigans. Once initial Covid-19-related relief packages ameliorated their economic concerns, businesspeople entered the solidarity-care ethics nexus's second level, with greater awareness of staff well-being and calls for empathy- and kindness-based policies. For example, the Morrisons supermarket chain

advocated for autism awareness; specifically, it instituted ‘quiet hours’ to help sensitive customers avoid post-lockdown crowds (Pengelly, 2020). At this level, attentive companionship is a way to care for the ‘other’. Hence, U.K. businesses shifted to more attentive care during the Covid-19 pandemic through stakeholder re-orientation and collaborative networks.

Consumers also exhibited care for local communities through their intentions and behavior to assist local businesses’ post-Covid-19 recovery. In June 2020, almost one-third of U.K. adults reported shopping more locally since the pandemic’s start (Mintel, 2020c). However, some U.K consumers and catalytic institutions failed to develop such companionship and exhibited behaviors incompatible with caring for the ‘other’. For example, hoarding food during the pandemic is contrary to community-focused thinking, yet one in five Britons was still stockpiling groceries in early 2021 (Duckett, 2021).

Because Cummings was the chief architect of the U.K. government’s Brexit campaign, his resistance to taking responsibility for breaching the lockdown rules may have increased Brexit’s salience to British businesses and many Britons, especially ‘community leavers’. Although the Queen crystalized national identification for all, Cummings reminded Britons of Brexit’s isolationism fuelled by collective narcissism and manifested as populism (Blyth, 2016). Collective narcissism correlates strongly with a politically conservative sentiment, and its activation may have induced a ‘white silence’ towards black suffering in the wake of the BLM movement and the BAME community’s disproportionate Covid-19-related suffering.

Although innovative and creative in its fundraising practices, civil servants remained silent about the U.K.’s commitment to auditing structural and systematic inequities facing BAME beneficiaries. Thus, they continued to favor a culture of false generosity, which orientates charity and fundraising toward fixing social symptoms rather than social problems (SHK).

Exposing structural and systemic problems would confront the U.K.'s colonial heritage, and the polysemic nature of pandemic sociopsychology can make civil or helping agencies prone to ethical failings during healthcare crises (Aaltola, 2012; Motta, 2004).

Solidarity-Care Level 3: Solidary as and Caring as Giving for the 'Other'

At this level, solidarity and care for 'others' manifest as protection, changed personal habits, and revised business practices. For example, British consumers reported that environmental protection and proactive environmentally-friendly habits had become higher priorities since the pandemic's beginning (Mintel, 2020c). This re-prioritization represents a shift toward the 'duty to care' for planetary health, reflecting ascension toward a flourishing community (SHK).

Regarding personal habits, the U.K. government's "Eat Out To Help Out" campaign represented shopping and dining out as a duty to support the local economy and community. Consumers' focus on staycations during the holiday season reflects a similar duty-to-care sentiment about local tourism (Mintel, 2020b). These changes in the interaction between consumer-citizens and businesses as catalytic institutions suggest increases along the solidarity-care ethics continua (SHK). Per the fused SRS-SHK framework, these care and solidarity increases bolster community resilience by strengthening relationship ties and improving local economic outcomes.

Examples of revised business practices include charities and retailers auditing their practices for decolonization, such as the National Trust or the #standagainstracism campaign organized by British retailers (Channel 4, 2020). Several leading brands re-operationalized their depiction of minorities, using Kantor and the Unstereotype Alliance's progressive imagery metric (Barker, 2020). Many businesses adopted more substantial community-centric support for

local causes affected by Covid-19 (Cipriani, 2020).

These positive responses notwithstanding, many consumers and catalytic institutions failed to acknowledge their duty to care for others. For example, some U.K. businesses failed to actualize their public relations pronouncements about supporting the BLM movement; rather than auditing their operations for systemic racism, they capitalized on anti-racism as 'woke washing' and continued ignoring salary inequities based on gender and ethnic minority status (Vredenburg et al., 2020). Despite contrary industry-level reports highlighting rampant institutional racism (e.g., the Equality and Human Rights Commission report on racism in higher education), the U.K. government's recent Sewell report concluded the U.K. is free of institutional racism (Chakrabortty, 2021; Commission on Race and Ethnic Disparity, 2021). This conclusion likely buttressed organizational and industry practices that neglected, delayed, or obfuscated the severity of the solidarity and care needed for the most vulnerable and marginalized communities affected by the Covid-19 pandemic.

Discussion

This chapter describes a fusion of the SRS and SHK frameworks. A practice-based perspective on SHK's solidarity-care ethics continua shows that SHK complements SRS's seminal work. Interactions between eco-system members often embody routinized behaviors (Reckwitz 2002). Practice theory deals with the dynamic unfolding of such behaviors and focuses on the context in which they occur (Feldman & Worline, 2016; Schatzki, 2002). If practices develop along a trajectory and operate as organized nexuses (Schatzki, 2002; Schau et al., 2009), micro-macro levels can fuse into an organized co-dependent entity. For example, communal practices like wearing face masks can create co-constructed value, and panic buying represents routinized behavior that can co-construct or deconstruct value (Echeverri & Skålén,

2011). The solidarity-care ethics nexus is a practice-based approach that is more "concerned with diachronic (streaming over time) social practices than with synchronic (snapshot in time) individual acts" (Jennings, 2018, p. 554). SRS's and SHK's focus on vulnerable consumers and the deconstruction of care ethics suggest that identifying the facilitating and hindering solidary-care ethics practices in pandemic management is warranted (Hyman et al., 2020; Parsons et al., 2021). "The link between values, practices and the process of value co-creation is of interest to TSR [Transformative Service Research] as a whole but particularly relevant in the case of vulnerable users who may be excluded from the mainstream marketplace due to poverty, ill health, or other factors" (Parsons et al., 2021, p. 795).

We restricted our analysis to the U.K. and specifically to SRS's catalytic institutions, which require a viable market system for flourishing to manifest. Given their polysemous and systemic nature, we identified and aligned specific practices of each catalytic institution with the solidary-care ethics nexus presented in SHK. Although SHK identified practices, it focused on global adaptive and maladaptive practices. Once we identified a basic architecture of solidarity-care practices, we evaluated SRS's proposition of a viable market-based system as critical for the flourishing of societies facing disruptions.

During an existential crisis like a pandemic, human flourishing rests on the ideological matrix that frames catalytic institutions (SRS). If this matrix heads toward collective narcissism, then a polysemous spillover effect across key institutional composites, including how consumer-citizens behave, will occur. Given the polysemous sociopsychology that characterizes pandemic imagination, the catalytic system's cultural worldview can affect government agencies, businesses, NGOs, the civil sector, and consumer-citizens (Aaltola, 2009; Watts, 1999). "[C]ommunities tend to flourish when institutions of the marketing system are accessible –

particularly housing, healthcare, education, jobs, and markets" (SRS, p. 31). The Covid-19 pandemic has amplified the potential role of the solidarity-care ethics nexus in enhancing human flourishing and mitigating structural and systematic inequalities (Drury et al., 2020; Nolan, 2020; Scott & Martin, 2020).

The dynamics of flourishing during the Covid-19 pandemic reveal the competing role of ideological constraints conceived by SRS. Considering collective narcissism's versus national identification's effect on compliance with Covid-19 policy (Van Bavel et al. 2021), vulnerability and resilience depend on which ideological grounding becomes most salient to the catalytic system. The U.K. faced a unique mix with Brexit, the underlying xenophobic tropes that nurtured it, and the opportunity provided by the BLM movement to transcend structural, systemic, and institutional inequalities by committing to and celebrating diversity, inclusiveness, and equity. Similar criticisms of high-incidence Covid-19 countries about fermenting collective narcissism and thus fueling over-confidence in anti-Covid-19 compliance measures within prevailing populist groups (Pevehouse, 2020) have been levied against countries such as Brazil, India, Russia, and the U.S. (Maak et al., 2021; Mankoff, 2020; Roy, 2020; Sternisko et al., 2020).

We recognize the limitation of being unable to evaluate the evolving practices highlighted in Table 2 or to provide a more comprehensive breakdown. Instead, we illustrated how the solidarity-care ethics nexus could reflect vulnerability if descending or resilience if ascending, thus augmenting SHK's original framework by stressing a practice-based approach toward attaining human flourishing during crises (SRS). Critically, we highlight the role of ideological constraints in governing the solidarity-care ethics trajectory's direction and strength.

Conclusion

We discussed the concept of human flourishing as inseparably tied to community

flourishing and the complexities that arise when considering this perspective. As exemplified by the inadequate pandemic responses by countries highly ranked on the Global Health Security Index, we contend that standard well-being assessments are inadequate for evaluating community flourishing or distress. Perhaps more systemically complex communities have more complex intra-communal vulnerabilities that put their well-being at higher risk during a disruptive event (Pottebaum & Kanbur, 2004).

We propose a fused SRS-SHK framework that enables analysis of this complex community structure and the relationships between consumer-citizens and catalytic institutions. We evaluated these relationships from a solidarity and care ethics perspective, with increasing solidarity and care concomitant with flourishing. We conceptualized these relationships as constantly evolving and devolving rather than static, showing the simultaneous pull toward flourishing and distress (SRS).

The U.K.'s Covid-19 response provided a helpful context for applying the fused framework. Although we could not fully explore the framework's temporal aspect due to the pandemic's recency, even the short period illuminated the competing forces pulling the U.K. toward increased or decreased solidarity and care ethics. The U.K. began the Covid-19 pandemic with these rivaling systemic forces exemplified by Brexit and the BLM movement. In response to the pandemic, different British catalytic institutions and consumers opined and acted positively and negatively, simultaneously impelling the U.K. community toward flourishing and distress.

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Table 1

Assumptions of SRS and SHK Frameworks

Assumptions	SRS	SHK
Similarities		
People and their community flourish concomitantly	X	X
Flourishing in communities is temporal and transitory	X	X
Shared values and cooperation are vital to a community's flourishing	X	X
Relationships with others are critical to personal well-being	X	X
Values and cultural norms affect flourishing assessments	X	X
Community well-being is dynamic, with nonlinear progression and regression	X	X
A community's social, cultural, and political structure co-determines its ability to diminish or flourish during an existential disruption	X	X
A hierarchical relationship exists between features that distinguish distressed from flourishing communities	X	X
Communities and their members exist within systems comprised of extensively and continuously interacting subdomains and events, with actions within one subdomain possibly affecting other subdomains	X	X
Government, business, and NGO rhetoric can shape flourishing during crises	X	X
Community-based agents can devise programs and policies that influence various internal and external factors related to flourishing	X	X
Differences		
Derived from positive psychology and Maslow's needs hierarchy	X	
Derived from phronetic polysemic marketing and care ethics		X
Grounded in the logic of connecting persons to their community	X	
Grounded in an ecology model with micro, meso, and macro levels		X
Focus on market systems	X	
Focus on the role of inclusivity and addressing structural inequalities		X
Community well-being exists on a continuum from more distressed to more flourishing	X	
Community well-being relative to juxtaposed solidarity and care continua		X
Consumer-citizens and market-based interactions between companies and consumers are catalysts for human flourishing during crises	X	
The polysemous nature of crisis sociopsychology influences the direction, structure, and ensuing equilibrium from crisis-induced disruptions		X
Catalytic institutions (i.e., government, businesses, NGOs, and citizen-stakeholders) are change agents	X	
Social marketers and public policymakers are change agents		X

Table 2

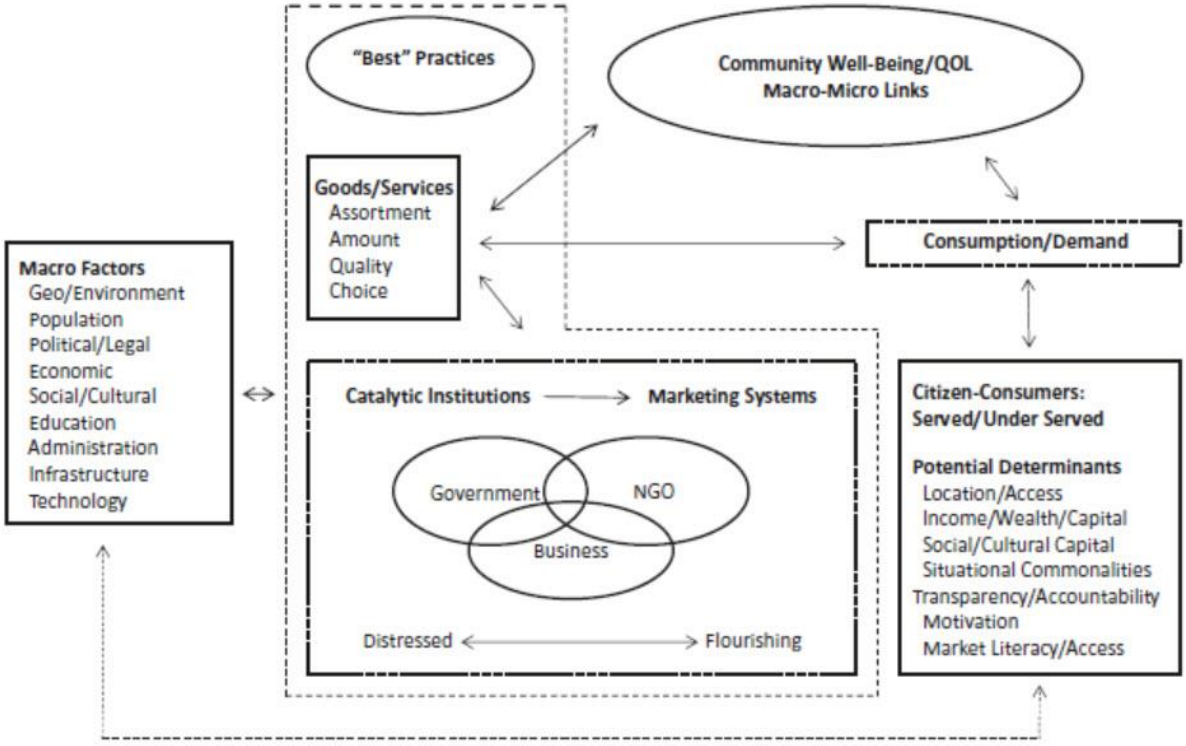
Role of Catalytic Institutions across Solidarity-Care Levels During U.K.'s Covid-19 Response

Solidary-Care level	Govt (-)	Govt (+)	Business (-)	Business (+)	NGOs (-)	NGOs (+)	Consumers (-)	Consumers (+)
Solidarity-Care Level 1: Repairing Others' World								
SOLIDARITY FOR: Advocacy	1. Misguided high risk 'herd immunity' proposal as a solution, breaching guidance from WHO 2. THRCC suspended six months before the outbreak 3. Leadership apathy/ confusion about Covid-19 compliance	1. Reassured business community about early relief packages 2. Early commitment to vaccine research	Polysemic compliance with Brexit despite collaborative Covid-19 projects with the E.U.	Digital transformation contingency readiness	Polysemic silence on state cuts to civic sector	Communicated impact to beneficiaries	Covid-19 denying, anti-lockdown protests	Social media sharing of calls supporting local businesses
CARING ABOUT: Attentive Rehabilitation with the 'Other'	1. Reliance on 'war' metaphors add to misguided collective narcissism sentiments 2. Competitive media reporting with EU-Brexit effect interference on cross Covid-19 casualties 3. Two-tiered welfare system for relief packages	1. Honeymoon periods for loans, mortgages, rents, et cetera 2. Scotland: Willingness to support post-Covid-19 4-day work week	Reactive furloughing polysemic silence of tiered packages, e.g., consultants, artists, et cetera, excluded	1. Workers re-assured; flexible working-from-home planning 2. Willingness to support post-Covid-19 flexible working hours	Lack of social marketing around roots of or structural inequalities of beneficiaries	Digitalization and virtual fundraising transformation	Consumer non-compliance with social distancing measures	Consumer trend of 'localism'-intention/ behavior to support local businesses
Solidarity-Care Level 2: Promise, Presence, and Assurance								
SOLIDARITY WITH: Humanizing	Dominic Cummings dehumanized the British public	1. Humanizing NHS as solidarity anchor 2. Queen's solidarity message and language	Inability to collectivity position British business as global vis-a-vie reflecting its diversity externally as sector identity	1. Recognizing the role of empathy and kindness in workplace well-being 2. Morrison's Quiet Hour	1. Continual reliance on donor-centricity 2. Over-reliance on appeal and utility-based modes of fundraising	Portraying beneficiaries and fundraisers as heroes		

Solidary-Care level	Govt (-)	Govt (+)	Business (-)	Business (+)	NGOs (-)	NGOs (+)	Consumers (-)	Consumers (+)
CARING FOR: Attentive Companionship with the 'Other'	1. Poorly coordinated PPE procurement 2. Rejection of structural racial causes of BAME-Covid-19 incidences	1. NHS clap momentum building 2. Nation's health focused messaging, supporting and reopening wellness and sport centers	Polysemic solidarity with Brexit resulting in poorer knowledge exchange	1. Digitalization leading to greater creativity and innovation for sustained performance 2. Increased stakeholder re-orientation and collaborative networks 3. Travel companies continue to promote reassurance messages (allow cancellation/ changes for any reason)	Poor auditing of Covid-19's impact on beneficiaries	Social solidarity networks and grassroots community centricity; greater interest in the societal mode	Stocking up on groceries	Supporting NHS workers via food delivery platforms (e.g., 'Buy a lunch for an NHS worker')
Solidarity-Care Level 3: Duty of Care								
SOLIDARITY AS: Protecting	Slow 'lockdown' delayed until March 23	1. Vaccine prioritization for most vulnerable 2. Calls for 'Shop Out to Help Out' campaign	Polysemic silence on child well-being issues as failure to recognize long-term self-sufficiency	Brands re-oriented toward social innovation/causes	Failed to collaborate on challenging systemic structural inequalities in education/social marketing	Greater democratization of knowledge dissemination, e.g., Charitysowhite		Proactive environ-mentally-friendly habits induced by the pandemic
CAREGIVING: Attentive Commitment with the 'Other'	Stopped mass community testing on March 12	1. Job retention scheme 2. NHS volunteer scheme for Astra-Zeneca as 'people's vaccine' 3. 'Eat Out to Help Out' financial support scheme	Silence/tokenism on structural inequalities facing minority workers	Sector reports on structural DEI inequalities	Failed to raise the plight of BAME-Covid-19 casualties	Democrati-zation of social impact knowledge		1. Eat Out to Help Out 'movement' 2. Staycations trend

Figure 1

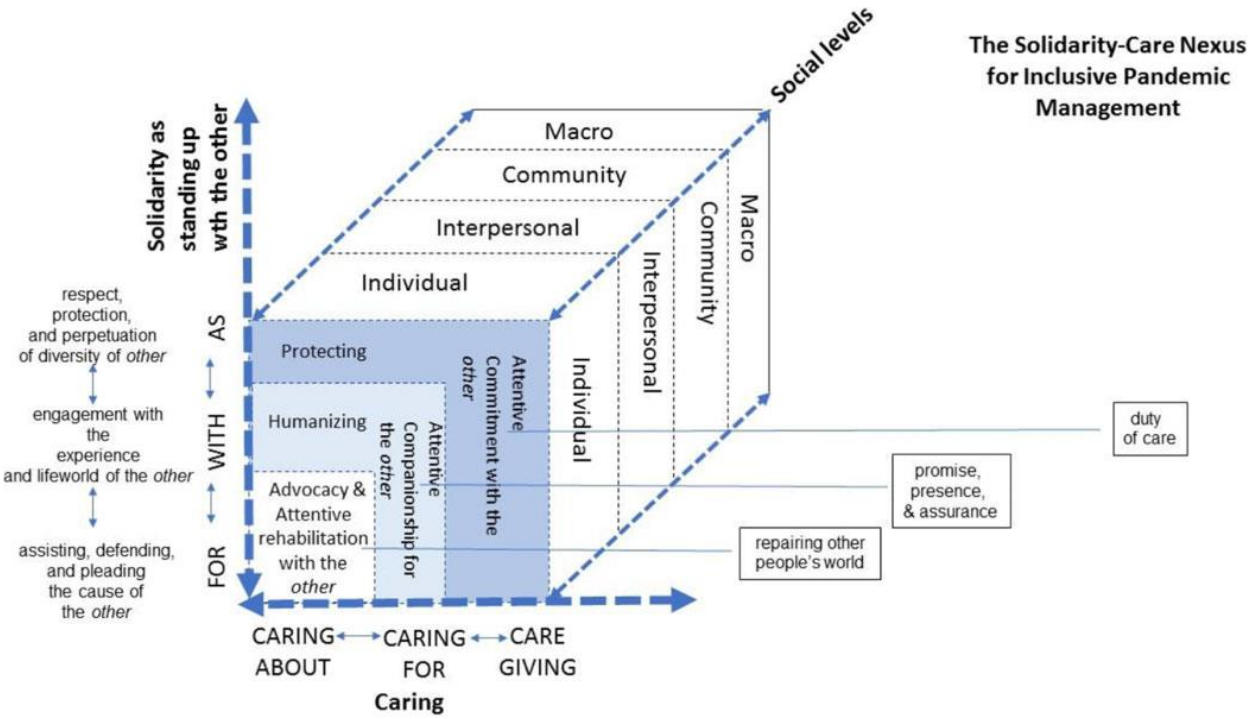
SRS's Framework to Facilitate QOL in Distressed and Flourishing Communities



Source: Shultz, Rahtz, and Sirgy (2017), p. 412.

Figure 2

Solidarity-Care Ethics Nexus from SHK



Source: Shabbir, Hyman, and Kostyk (2021), p. 184.

Figure 3

Fused SRS-SHK Framework