Panic buying in the community as a coping strategy in response to COVID-19

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Abstract

Panic buying was widespread during the early phase of the COVID-19 outbreak in the United Kingdom (UK) and elsewhere. Drawing on identity process theory, this study explores thr psychological motivations for engaging in panic buying behaviors in response to the COVID-19 outbreak in London, United Kingdom. Fifteen people participated in an interview study concerning the impact of the outbreak on their buying behaviors. The qualitative data were analyzed using thematic analysis. The analysis yielded three themes: (1) COVID-19 as a threat to continuity and self-efficacy; (2) Buying to resist change; and (3) Buying to restore self-efficacy. The results suggest that COVID-19 and the measures put in place to control it may have potentially deleterious effects for the continuity and self-efficacy principles of identity, which in turn may lead to the maladaptive coping strategy of panic buying. In order to manage the pandemic effectively, it will be necessary to promote more adaptive and sustainable coping strategies to reduce the risk of engagement in panic buying. More specifically, building identity resilience and facilitating access to social support should be important foci for health and wellbeing interventions in the general population.

Keywords

Introduction

COVID-19 was first identified in Wuhan, China in December 2019 and, having rapidly spread to most major cities and towns in the world, was designated as a global pandemic. During the first outbreak of the disease, a policy of social distancing was enforced throughout the United Kingdom (Mahase, 2020; Nerlich & Jaspal, 2021) and a national lockdown was imposed (Breakwell, Fino & Jaspal, 2021). The national lockdown was subsequently eased and, as cases began to rise, local lockdowns were imposed, culminating in a second national lockdown in November 2020.

The pandemic and the associated lockdown have had significant implications for psychological health. These include fear of infection (Mertens et al., 2020); social isolation due to the social distancing policy (Wang et al., 2017); loneliness, depression and anxiety (Jaspal & Breakwell, 2020); and panic buying, which is characterized by excessive cognition and behavior in relation to buying and in turn associated with distress and impairment (Jaspal, Lopes & Lopes, 2020). Given that panic buying was associated mainly with the initial phase of the outbreak of COVID-19, it has not received as much empirical attention as other aspects and sequelae of the pandemic. However, as resurgences of the virus are occurring and are expected in the future, understanding panic buying behaviors, with a view to reducing them in the general population, is important. This study draws on identity process theory (Breakwell, 1986) to explore psychological motivations for engaging in panic buying behaviors in response to the COVID-19 outbreak in London.

Panic buying is relatively uncommon in the general population and tends to be more prevalent in individuals with underlying mental health conditions (Weinstein et al., 2016). However, even in the general population, panic buying can occur in situations of socio-

economic uncertainty and has been noted in response to the outbreak of COVID-19 (e.g., Hall, 2020; Hall, Prayag, Fieger & Dyason, 2021; Jaspal, Lopes & Lopes, 2020; Lopes, Bortolon & Jaspal, 2020). Panic buying in such situations may be enacted as a self-protective measure in the face of fear and uncertainty associated with the epidemic (Sneath, Lacey & Kennett-Hensel, 2009). Yet, in the context of a pandemic, this behavior can have broader social and psychological ramifications, potentially increasing social anxiety, a shortage of vital goods, and a disproportionate impact of the pandemic on more vulnerable groups in society, such as older people (Carrick, 2020). However, given that there has been limited research in this area, the social psychological underpinnings of panic buying are poorly understood when it is activated in response to pandemics.

Identity process theory (Breakwell, 1986, 2014; Jaspal & Breakwell, 2014) can enhance our understanding of cognitive and behavioral responses to societal challenges, including the outbreak of COVID-19 (Breakwell & Jaspal, 2020). The theory postulates that identity is the product of the two *identity processes*: assimilation-accommodation and evaluation. Assimilation-accommodation refers to how people absorb and adopt new information (e.g., 'like others, I am at risk of COVID-19') into their identity. Evaluation refers to the process of attaching meaning and value to it (e.g., 'COVID-19 is dangerous, but I am young and healthy'). These processes are in turn guided by *identity principles* which include self-esteem, positive distinctiveness, self-efficacy, and continuity. These are essentially the desirable end-states of identity. When the identity processes are unable to comply with the principles, identity is threatened, which is harmful for psychological wellbeing. Furthermore, having relatively high levels of identity resilience (that is, high overall levels of the four prime identity principles) has been found to be protective against negative affect and mistrust of institutions (such as science and politics), both of which are associated with preventive behavior during the pandemic (Breakwell & Jaspal, 2020).

In this article, it is shown that the continuity and self-efficacy principles are especially susceptible to threat due to COVID-19. In response to identity threat, individuals engage in coping strategies that operate at intrapsychic, interpersonal, and intergroup levels. While coping strategies are enacted to reduce the level of identity threat experienced by the individual, they vary in their level of effectiveness at a collective level (i.e., in reducing the risk to others). As a reaction to the COVID-19 outbreak, panic buying may constitute a coping strategy designed to alleviate associated threats to identity but, as observed elsewhere, has negative outcomes at a population level (Hall et al., 2021).

Methods
Participant recruitment
De Montfort University's Health and Life Sciences Faculty Research Ethics Committee provided ethics approval for this study. An advertisement was placed on social media inviting individuals to participate in an interview study concerning their buying behavior since the COVID-19 outbreak. In total, 15 individuals were interviewed, of whom 9 were female and 6 were male. Participants were aged between 23 and 52 years ($M = 36.4$; $SD = 8.7$). All of the interviewees lived in South London. Seven were White British, 3 were Black British, and 5 were British Asian. They all described their annual income as low. All of the participants were interviewed on Skype.

Procedure and analytic approach
The interviews, which took place during the early phase of the first outbreak in the United Kingdom, were guided by a semi-structured schedule that focused on understandings of COVID-19, thoughts and feelings evoked by the outbreak, its perceived impact, and its perceived impact on buying behavior. Interviews lasted between 20 and 40 minutes and were

digitally recorded and transcribed verbatim. The data were analyzed using thematic analysis, which has been described as 'a method which works both to reflect reality, and to unpick or unravel the surface of 'reality'', providing 'a method for identifying, analyzing and reporting patterns (themes) within data' (Braun & Clarke, 2006). During each reading of the transcripts, preliminary impressions and interpretations were noted. These included participants' descriptions, particular forms of language, and patterns within the interview. Tenets of identity process theory were drawn upon in order to conduct the preliminary analysis. These initial codes were subsequently collated into potential themes and then three superordinate themes. As identity process theory was used to inform the analysis, there was a particular focus on analytic codes which explained how identity might be affected by the disease outbreak and how the principles might in turn be enhanced or curtailed as a result of engaging in panic buying behaviors. The superordinate themes were created as relevant codes were merged to create broader units of meaning. The superordinate themes were then presented in a logical and coherent order.

Results

In this section, the following three superordinate themes are described: (1) COVID-19 as a threat to continuity and self-efficacy; (2) Buying to resist change; and (3) Buying to restore self-efficacy.

COVID-19 as a threat to continuity and self-efficacy

Participants were asked to describe COVID-19 and its perceived effects on them. In addition to describing the danger posed by COVID-19 to physical health, mainly by comparing it to HIV, they construed the pandemic as posing threats to identity. In particular, the continuity principle was challenged by the COVID-19 outbreak and the required mitigation strategies:

> *Are we all going to die? Will I lose my loved ones? There are ups and downs in life but this is a bit too much in too little time to handle.* (Brenda, 45)

> *I just wish we could rewind. Life is grim now because of all this social distance stuff that you need to do now.* (Jamie, 40)

> *This corona thing has completely altered what we're OK to do and I really miss how it was before. The streets are eerie, and this is London, and you know you can't pop out for a coffee, you can't see your folks or friends or anyone. It's hard and I just get worried thinking 'will it ever return to normal?'* (Martha, 36)

Interviewees perceived the pandemic as challenging the continuity principle of identity because of the uncertainty and undesirable change that it had precipitated and the difficulties of adhering to the social distancing policy, in particular. Like Brenda, several individuals expressed fear of COVID-19 and the negative changes that this may induce in the future, such as the loss of loved ones. They felt ill-prepared for change which increased feelings of anxiety. Similarly, in view of widespread fear in local communities, there was a perception among interviewees that their quality of life had decreased, which led them to wish they could 'rewind', that is, to restore continuity between past and present. In particular, there was a focus on the pressures on social relationships associated with the government's social distancing policy which participants unanimously found difficult to follow. Place identity was challenged - participants noted that London had been 'completely altered' by the pandemic. Martha referred to her neighborhood as 'eerie' as a result. Like most respondents, Martha found it difficult to comply with the social distancing policy given the centrality of social relationships

to her identity. In addition to the rupture between past and present, there was uncertainty about the future, which was pervasively distressing.

The self-efficacy principle was also challenged given that individuals perceived little control or competence – at both individual and collective levels – in relation to the pandemic and its resolution:

> *I don't feel that confident about this whole thing, you know. I don't think the government's got it under control and the NHS have been struggling for a long time so if you get ill basically you probably end up just waiting in the queue, like the list, for ages until you know…that's why people are dying.* (Mike, 31)

> *It just shows the scientists don't know about it. The experts don't so it's quite deadly. We can't do anything. Just sit and wait and it's pretty scary the, the thought of it is.* (John, 43)

> *I can't change the world. Yeah, you stay at home but who else is? What's one more going to…I mean, what difference will I make? I can't change this situation. We're all powerless.* (Lisa, 28)

> *I think it's all been really unclear. I don't know what I can do and I don't know what's OK and what's not. It's just all a bit unclear. It makes you feel like you're going into this corona situation headfirst with nothing you can do to stop it.* (Jane, 25)

In general, there was a perception that the government's response to the pandemic was inadequate and that they had limited control over the pandemic. This was attributed partly to limited scientific knowledge about the virus. Participants also believed the National Health Service (NHS) to be ill-prepared to treat patients effectively. Confidence in state institutions is a key tenet of psychological wellbeing during epidemic situations (Cheung & Tse, 2008) and, thus, the lack of confidence in the government's response appeared to undermine people's sense of self-efficacy in relation to the outbreak (Jaspal, Lopes & Lopes, 2020). Participants were unable to derive feelings of control and competence. There was a clear threat to self-efficacy at an individual level since interviewees reported feeling 'powerless', not being able to 'do anything' and 'going into this corona thing headfirst', that is, with limited knowledge. Several interviewees reported not knowing what they could do individually to mitigate the pandemic. On the whole, feelings of discontinuity in identity could be attributed to negative social and psychological changes engendered by the pandemic while decreased self-efficacy was associated with unclear communication concerning the pandemic and ways of reducing one's risk of infection.

Buying to resist change
Participants unanimously acknowledged buying more items than they did prior to the onset of COVID-19. They recognized the stigma appended to panic buying and generally denied that this was an accurate descriptor of their own consumer behavior possibly to distance this stigma from their own identity. Sam referred to her behavior as 'safety buying':

> *It's not 'panic buying', it's 'safety buying', that's what it is for me because what else can you do? I can't just magically put food on the table or paper for the bathroom and what have you.* (Sam, 41)

In attempting to explain their buying behavior, participants described threats to their sense of continuity:

> *I can't stand the thought of it like not having my routine. Like I wake up and like a bowl of cereal, I literally crave it. It's what I look forward to so I just went out stocked up on 9 boxes, cleared the shelf and I expect that's what the lot of us are doing because we've all got our vices, don't we?* (John, 42)

> *Life's just not the same. It's not what I'd be doing in the springtime, like last year for example. It feels like you need to just do something in these strange times…I'm there, pacing up and down and I think to myself 'yes, I need to buy some stuff'* (Melissa, 27)

Several interviewees perceived the social changes engendered by the COVID-19 outbreak to be disruptive to their sense of continuity. For John, this entailed running out of his favorite breakfast cereal while, for Melissa, this was described in terms of activities habitually undertaken during the spring but which have now become impossible due to the social distancing policy. For some individuals, panic buying provided temporary respite from the psychological challenges associated with threatened continuity. 'Stocking up' on boxes of cereal restored a sense of continuity because it enabled John to enjoy his daily breakfast, which might otherwise be impossible. Similarly, panic buying appeared to alleviate the feelings of threatened continuity experienced by Melissa, for whom it constituted a means of restoring a sense of normality amid 'strange times'.

As alluded to by John, there was a widespread perception that one was compelled to engage in panic buying (or 'stock up') due to others' behavior. More specifically, there was a reported sense of behavioral contagion:

> *It's all those things that they're telling us to do and not to do and people just go mad, don't they? They go buying like mad this and that, this and that, and you're left with nothing absolutely nothing so that's it, you can't live your life properly but everyone who gets there first does so yes you do end up just following the trend.* (Brenda, 35)

> *I hate going to the supermarket right now so I would prefer just to stock up. I mean it's not like before, is it? It's all just changed now. Who would've known a tin of tuna would have been this valuable eh? So where I'd get one lot for the week, now I prefer just to get a load of stuff for a few weeks and that's it, there's some inkling of normality.* (Sarah, 30)

Participants referred to other people 'buying like mad' and acknowledged that the observed behavior of others, the empty shelves and the long queues outside supermarkets accentuated the threat to continuity. These observations symbolized undesirable change to people's lives. Like Brenda, several interviewees reportedly resorted to 'following the trend' set by others. As indicated earlier, some participants described their buying behavior as 'safety buying', that is, to safeguard her wellbeing and that of her family members. Panic buying appeared to constitute a means of re-establishing 'normality' – at a psychological level at least - amid the significant change that they were observing in their respective social contexts. For Sarah, this entailed making fewer trips to the supermarket, which was clearly threatening for continuity, by 'stocking up' during each visit. This approach in turn enabled some to distance themselves psychologically from the reality of change unfolding as a result of the COVID-19 outbreak.

Buying to restore self-efficacy

The interview data suggested that participants' panic buying behavior could be attributed to the desire to maintain a sense of self-efficacy in view of constant threats to this principle.

> *I know I buy a lot and I buy what I buy because what else can you do, it's like my way, I'm getting one over coronavirus so I just buy.* (Ellen, 30)

> *I don't know I just feel better after buying stuff, sort of like more secure and that, like I'm not going to starve to death* (Andy, 30)

> *It's like the invisible killer really. We can't see it and you don't even really know who's got it. I am just thinking 'well, what can I do?' I can wash my hands, try stay in and make sure I've got what I need to stay in....that makes me feel safe* (Jane, 23)

Interviewees generally perceived state institutions and themselves to have limited self-efficacy in relation to the pandemic and engaged in panic buying in order to derive feelings of control and competence. Ellen construed her buying behavior as a means of resisting the negative lifestyle outcomes attributed to the virus, which was often personified as an adversary. For most, panic buying represented one of the few tangible steps that could be taken to cope with the outbreak and was understood to complement the self-isolation policy by ensuring that one could self-isolate comfortably. Several interviewees perceived an increased sense of security over their situation by buying excessive items from the supermarket – especially those who were anxious about running out of food due to the panic buying behaviors of others:

> *I went in the supermarket and when it was all empty I went in you know OK and that just calm and when I saw it I just freaked out. What am I going to do if I don't get food and stuff for my kids and that? I just got what I could and went.* (Richard, 24)

> *It's not me. I can basically make do with whatever but then I want to provide for my kids and my family and they shouldn't go without. I don't want them to go without so I've got to do something.* (Melissa, 27)

Interviewees wished to remain self-efficacious, especially for their families and, thus, they believed it necessary to seize the opportunity to acquire items deemed to be necessary for their families' wellbeing. For most, a key aspect of self-efficacy was the ability to perform duties as a parent, spouse and family member. The observation of empty supermarkets challenged this aspect of self-efficacy and led several individuals to engage in irregular buying behaviors.

Discussion

In this article, it has been shown that the outbreak of COVID-19 appears to be having deleterious effects on the continuity and self-efficacy principles of identity. This can be attributed to the disruptive changes that the pandemic and its necessary mitigation strategies have brought about and the perceived lack of control and competence among people facing the pandemic in London. Trust in state institutions also appears to be relatively low which may contribute to feelings of identity threat (Breakwell & Jaspal, 2020).

Yet, panic buying behavior may provide temporary respite from the psychological distress arising from threats to these principles of identity. More specifically, it enables individuals to restore a sense of continuity amid the significant change associated with COVID-19 by minimizing disruption to their lifestyle. Moreover, panic buying represents a tangible action that can be taken amid pervasive uncertainty about how to mitigate the pandemic.

Identity process theory (Breakwell, 1986) conceptualizes a coping strategy as 'any activity, in thought or deed, which has as its goal the removal or modification of a threat to identity' (p. 78). Panic buying behavior appears to constitute a maladaptive strategy for coping with identity threat associated with COVID-19 (Lopes, Bortolon & Jaspal, 2020).

A key observation is that panic buying in response to COVID-19 reflects a type of herd behavior in that individual cognition and behavior are shaped by perceived group behavior (Braha, 2012). None of the individuals reported engaging in panic buying behaviors prior to the epidemic but felt pressured to do so due to the perception that they would 'miss out' or be disadvantaged if they did not follow the collective buying behaviors that they observed. Interviewees appeared to feel less concerned about group memberships (and their broader communities) but were more focused on individual wellbeing in response to COVID-19 – this seemed to underpin their self-focused buying behaviors (i.e., to enhance their own individual identity). However, it must be noted that, in addition to modifications to individual behavior, deriving a sense of collective identity and deriving social support from others will be advantageous as we continue to mitigate the negative effects of the pandemic (Jetten, Reicher, Haslam & Cruwys, 2020).

Conclusions

Overall, the findings suggest that panic buying in response to COVID-19 can have a domino effect, increasing the prevalence of such behavior in affected communities. In order to manage the pandemic effectively, it will be necessary to promote more adaptive and sustainable coping strategies. As we develop prevention strategies, we will need to be mindful of the important role of identity in guiding cognition and action in relation to the pandemic. In particular, the effects for the four principles of identity will be important to consider. Indeed, it has already been shown that identity resilience (that is, having relatively high baseline levels of self-esteem, self-efficacy, continuity and positive distinctiveness) is protective against negative affect (such as fear) and decreased trust in institutions during the pandemic (Breakwell & Jaspal, 2020). Previous research suggests that engagement with relevant social groups and networks and the derivation of social support are likely to be effective coping strategies (Jetten et al., 2020), increasing even the endorsement of disease prevention strategies, such as vaccination likelihood (Jaspal & Breakwell, 2021). Yet, the viability of social support in an era of social distancing remains to be seen. This article focuses on panic buying behaviors, which had profound effects on health and wellbeing across communities during the early phase of the pandemic. However, the implications of identity for other important behaviors (such as adherence to disease prevention strategies and uptake of the newly developed vaccines) may also be considerable and will need to be studied as the resurgences of coronavirus occur in the future.

Declaration of interest statement

The author reports no conflict of interest.

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