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Social Media, Humor, and Crisis Health Communication: Humor Used to Inform Over Social Media During COVID-19

Sally Burkley

Abstract

With the recent events of COVID-19, it is necessary to examine how everyday citizens responded to the public health messages delivered by The Center for Disease Control and Prevention and the U.S. government and how these responses revealed and impacted the effectiveness of the organization's messages. Furthermore, it is important to consider the potential humor has as an information spreading tool within the collaborative medium of social media. This study analyzes three different digital humor artifacts using a chronological rhetorical analysis in order to understand how we communicate health crisis initiatives over social media. The research findings show the change in humorous reactions on social media as the CDC's messaging changed and became more solidified. This insight demonstrates the necessity for messaging to be more focused and solidified throughout an organization and their affiliates because of social medias participatory nature. The public can provide their feedback, change the message, and/or spread the message. This is important because it is difficult for organizations to be the first to address an issue while also having a concise organized plan. This research also revealed that using humor to cope and increase engagement are prominent within the digital medium of social media and has the potential to have a further reach because of the sharing nature of social media.

Keywords: Communication, public health, crisis, social media, humor, COVID-19

About the Author

Sally Burkley is a Senior Political Science and Communications and Digital Studies student at the University of Mary Washington. She has done previous research on political communication, late night comedy and politics, COVID-19 and advertisements, and policy strategies.

Introduction

The COVID-19 pandemic began during a time of uncertainty, misinformation, and confusion. Doctors and public officials alike did not know how to handle the sudden influx of fear and information, all while President Trump aimed to keep people calm by diminishing the virus and minimizing information. One of the main ways both information and misinformation spread was over social media. Social media in this study will include Facebook, Instagram, and TikTok.

On March 13, 2020, President Trump declared a state of emergency shut down due to the spread of COVID-19. Public life came to a halt; events were cancelled, students were sent home, the world was in confusion (Hawkins et al., 2020). Scientists were at a point of uncertainty, the governments were unsure how to act, and the public did not know what was expected of them or safe for them to do. This led to a chaotic time, in which the public did not know which message to trust or validate.

Prior to COVID-19, information about health crises and general health were usually spread through Public Service Announcements (PSA). These announcements were on television primarily, and thus the public did not provide more collaboration in these efforts because there were limited ways for them to do so. Social media provided new opportunities for health organizations to communicate quickly through interactive means. The format of social media is wholly different than these previous PSAs because the public can interact and collaborate. The public can comment, share, tag, like, and create on social media as the organizations can. This creates a competing environment for engagement, and validity.

The collaborative and competitive nature of social media causes traditional PSA strategies to be less effective as they do not account for feedback and parallel commentary. This

begs the question, how should organizations account for this change? What sort of responses should they account for?

Humor has become a prevalent response by the public to a multitude of events. Internet memes, “a piece of culture, typically a joke, which gains influence through online transmission,” (Penney, 2020, 793-794), have been found to be used for political participation, but have not been considered as tools during health crisis situations. Memes transmit information with a humorous tone with generally a short statement or none at all. Combining the short digital humor of memes with a serious situation as a health crisis brings questions of their impact on our understanding of the situation.

In this research, I studied three different digital humor artifacts in order to understand how we communicate health crisis initiatives over social media. These three artifacts are from the start, middle, and then most recently during the pandemic. The first is a Facebook meme about Trump’s health messaging, the second a, Instagram meme about masks, and the last is a TikTok about the vaccine.

Literature Review

Research regarding humor and medicine is not new. In the United States, there is even the colloquial phrase “laughter is the best medicine”. Research on whether this phrase is true or not is still largely inconclusive (Martin, 2002), but there is evidence of humor being frequently used as a coping mechanism within the health field. In ““If We Didn't Use Humor, We'd Cry”: Humorous Coping Communication in Health Care Settings” (2006) Melissa Wanzer and Melanie and Steve Booth-Butterfield found that health professionals rely on humor to relieve job tensions. They found that 21.4% of nurses used humor in “patient care” situations, such as when providing medicine. This shows that humor has been used to communicate difficult health

discussions between experts and laymen and to release stress in person prior to digital health communication.

The concept of using humor to cope translates over into discussions of crisis as well. “Humor contains an ‘emancipatory power’ and healing effect, and thus in events of crisis it can be used to help with handling sensitive and delicate issues,” (Ridanpää, 2019, 23). In health care situations, the patient may feel as though they are in a crisis situation – life or death. This explains why it can be used effectively to relieve the tension of health situations. Humor may also be used outside of inter-personal communication for other reasons.

Beyond inter-personal communication, humor has also been found in text health advertising communication. In “Humor in Print Health Advertisements: Enhanced Attention, Privileged Recognition, and Persuasiveness of Preventive Messages” (2013), Nathalie Blanc and Emmanuelle Brigaud conducted an experiment to see how humor impacted viewers reception to printed preventive health ads for alcohol, tobacco, and obesity. They found that “compared to non-humorous health ads, those using humor received prolonged attention, were judged more convincing, and their messages were better recognized,” (Blanc and Brigaud, 2013, abstract). This research shows that humor can be used to grab the viewers’ attention and effectively convey health initiatives. Viewers were more convinced by the messages and remembered them better when on print.

In the digital, health communication takes on a new form. This is due to the collaborative nature of social media (Moorhead et al., 2013). Patients, the public, organizations, and health practitioners can all discuss issues together on social media. The concept of collaboration can be challenging but beneficial for organizations public health messaging because they then need to listen to social media conversations, engage with influencers, respond to questions, welcome

engagement, solicit user-generated content to be effective (Heldman et al., 2013, 7-8). But by doing so, they can spread their message further. The Center for Disease Control and Prevention (CDC) has also recognized the benefits of social media. They see interaction with the public as a necessity in their social media practices. They highlight how they can reach new audiences, receive feedback from the public, and have scientific conversations with users through social media engagement. While social media can be beneficial in this way, it can also be potentially harmful with concern to quality and reliability of information, and the users' confidentiality and privacy (Moorhead et al., 2013). There are also potential messaging risks.

In "Social Media Engagement and Public Health Communication: Implications for Public Health Organizations Being Truly "Social"" (2013), Amy Burnett Heldman, Jessica Schindelar, and James B. Weaver III, discuss how social media brings the risk of message control. Negative comments on posts may misdirect the message and misinformation that was previously discussed may lead to the public discrediting the correct message. The CDC tries to overcome this by stating in their "social media policies" that any misinformation or negative comments on their page will be deleted, but they also acknowledge they are not perfect and cannot catch every comment. This means that any health message delivered can be misconstrued or discredited because of a lack of control of the message. Normally organizations communicate through a linear model, such as traditional PSAs on television, but by having a transactional model, with feedback from the public and background communication, they are not solely in control of the message.

Eva A. Pedersen, Louise H. Loft, Stine U. Jacobsen, Bolette Søbørg, and Janne Bigaard analyzed the danish *Stop HPV – stop cervical cancer* campaign to provide evidence of social media health campaigns effectiveness by tracking clicks and engagement (2020). They note that

this campaign used “heart-brain communication”, which appeals to the public by using both ethos and pathos. They found that the campaign's success was due to meticulous planning prior to launching the campaign, the use of content subgroups, and utilizing resources for community management (Pedersen et al., 2020). In the United States, a similar study was conducted on the CDC's and State Health Departments (SHD) messaging in 2016 by Ayan Jha, Leesa Lin, and Elena Savoia. Their study found that the SHDs' pages lacked engagement and their followers were primarily their own employees. They theorized that this issue was caused by an absence of a proper social media marketing approach (Jha et al., 2016, 177). These studies paired together show that the difficulties of social media must be overcome with planning and specific targeting of information. These two studies also show potential for further research, as Denmark and the United States are very different regarding size, culture, healthcare system, and diversity. Thus, the differences could be impacted by those defining features as well.

Hypothesis

organizations have to reshape their health messaging to account for the benefits and difficulties of social media – misinformation and lack of message control but also a connection to a broader audience and collaboration. Humor is used to relieve stress, cope with crisis, and is more memorable and increases engagement. By being memorable and more engaging, it has the potential to aid in social media initiatives to solidify a health message and spread true information. But, since it is used to relieve stress and cope, I hypothesize that humor from the public also has the potential to lead that message astray if it is not planned and solidified by the organization initially. There is a gap in research regarding this concept, as the studies discussed focused on social media health communication without humor or discussed humor as a means of communicating not over social media. I hypothesize that humor is responsive to the

organizations messaging, that it impacts the organizations' ability to achieve their goals, and the public uses humors responses as an extension of information. I chose three humorous health messages from three different social medias during different times of the COVID-19 to further understand the potential of humor as a health crisis tool. I will do so by doing a chronological rhetorical analysis.

Method

For this study, I will be conducting a chronological rhetorical analysis. A rhetorical analysis will reveal the persuasive cultural impact of the images in question. Through a critical lens, I will look for notions of coping during crisis and the "heart-brain" model of ethos and pathos. The chronological part of this method is to show the change over time during the pandemic. I will look at the message control the CDC and government had by looking at the public's feedback, these images, and the credibility they gave to that message.

This topic is important to study because there is a gap in research surrounding the publics involvement in humorous crisis and health communication. With growing expectations to communicate on social media, there is growing involvement of the public in these types of conversations. Reactions can validate or destabilize a message, and memes have become a larger part of that as upon creation they spread and then are remade to spread the message more (Heylighen, 1998). Furthermore, since humor is more memorable and attention grabbing (Blanc and Brigaud, 2013), memes have the capability to be more persuasive than messages from the health organizations despite factuality and thus need to be brought to awareness. In this paper, I will attempt to answer the questions:

1. How did the public understand and cope with the pandemic in terms of social media humor responses to health messaging?

2. How did these responses change with changes in messaging tactics by the CDC/the government?

I selected three artifacts for my analysis based on their time period and relationship to messaging from the US government and CDC. The first is from April 2020, near the beginning of quarantine within the United States. One of the major news stories during April was Trump stating he would like injection of disinfectant to be tested as a combatant to COVID-19 (*NBC NY*, 2020). The public hearing this, made memes. I selected one of the many at random, it features someone's arm with a phone charger taped to it resembling an IV and the other end taped to a 409-disinfectant bottle. The text above states "Thank you Mr. President" (figure 1).

The second artifact is an Instagram meme from June 2020 and is focused on masks. During the summer, the CDC started pushing their messaging of wearing face coverings (*Center for Disease Control and Prevention*, 2020). The meme features a scene from *Legally Blonde* where a male character asks, "you wear a mask in public?" and the main character, and therefore the "good guy", replies with "What? Like its hard?" (figure 2).

The last artifact is from February 2021, when the vaccine was being released and there was hesitation surrounding whether to receive it or not. The CDC and state health departments began pushing for vaccinations, and repeatedly posted an update on number of vaccinations along with information about the vaccine (*Center for Disease Control and Prevention*, 2021). The artifact is a TikTok video of a doctor making a joke about people fearing a small sequence of mRNA rather than a viral RNA genome (figure 3). She does the TikTok "fake hitting glass window" trend with a sound that concludes by saying "that's some bull****" (Spence, 2021).

Findings

These memes are a form of participatory media. The health departments and governments send a message, and the public provides feedback while also sending their own message.

In the case of figure 1, it was during a time of chaotic messaging. Health communication experts state that the “locus of control” is imperative to a strong message, but inconsistent and contradicting messages from government officials and the media during the beginning of the pandemic led the public to develop social anxiety and confusion (Loughman, 2020). Figure 1 shows the notion of coping with fear and confusion, specifically in the text. Stating “Thank you Mr. President” sarcastically while pretending to do something which Trump had stated. It conveys the tone that the creator knew that disinfectants are poisonous to consume and thus they are showing disdain and dissatisfaction with the information being provided. The government’s message was not controlled or unified, and the public reacted with humor to cope with the fear that followed. This focus on the president’s statement, discredits the president but also lowers the support and trust of the government as a whole and thus leads their other beneficial messages astray.

Entering into the summer, the CDC began to control their message more. As noted above, they inundated their Facebook page with messages to wear a face covering to protect others. There was still backlash to this message, causing the emergence of a group called “anti-maskers” (Stewart, 2020). Figure 2 shows the dichotomy of these two groups. The one character, the main characters ex-boyfriend, is not wearing a mask and their statement is similar to that of an anti-masker. While the other character, Elle – the protagonist of *Legal Blonde*, is wearing a mask and is proud of that fact since it is “not hard” (figure 2). This post is still coping with humor to a certain degree as they are not handling the polarization between the two groups but are

displaying it through memes. The meme is more so an extension of the CDC's message. Since the CDC was becoming more effective in their messaging, those who supported it were able to create their own way of expressing support through humor. This support spreads the message of wearing a mask and has potential to be more potent than the CDC's messaging because of the humorous nature. This potential is supported by the number of likes the post received. Figure 2 received 57,422 likes with 24.1 thousand followers whereas the CDC's post received only 4,400 likes with 2.1 million followers (*Center for Disease Control and Prevention, 2020*). This shows that more people engaged with the humorous post rather than the original post and thus paired with the higher memorability of humor (Blanc and Brigaud, 2013) means this post was potentially used as information rather than the original post.

When the COVID-19 vaccine started to roll out, the CDC, the U.S. government, and the state health departments all had a unified message. They wanted the public to receive the vaccine and not fear it (*Center for Disease Control and Prevention, 2021*). This resulted in feedback that wasn't negative or coping. Figure 3 shows support of the CDC's messaging through humor, but it also provides direct mockery of those who do not. It is no longer a means of coping, there is no sense of confusion or fear in the content of the video. Similar to Figure 2, Figure 3 also contains a pop culture reference, the TikTok trend, that the viewer has to know to get the complete message, but they can infer from the text the opinion of the creator. Furthermore, the video is created by a doctor, Magnolia Printz M.D. This provides a sense of credibility to her statement regarding the vaccine. The previous discussion pointed to humor being able to circumvent ethos in terms of memorability when delivering a message but combining the two had not been considered. Her post received twenty-two thousand likes on Instagram, thus it is assumed to be

effective. Dr. Printz uses humor to show her support of the vaccine, which, regardless of its memorability, further spreads the CDC's messaging regarding the vaccine.

Discussion

Overall, these findings show the change in humorous reactions on social media as the CDC's messaging changed and became more solidified. This insight shows the necessity for messaging to be more focused and solidified throughout an organization and their affiliates because of social media's participatory nature. The public can provide their feedback, change the message, and/or spread the message. This is important because it is difficult for organizations to be the first to address an issue while also having a concise organized plan. Crisis situations call for immediate action (Pedersen et al., 2020; Jha et al., 2016), but the participatory media requires a plan because the message cannot be controlled (Heldman et al., 2013; Jha et al., 2016; Pedersen et al., 2020).

This research affirms prior studies' notions of humor being used for coping in both health and crisis situations. In two of the artifacts the creator was using humor to cope with a health crisis. The concept of coping paired with humor's memorability in health information shows that memes which are made to cope with stressful times have the potential to be more impactful than information that was originally shared. If someone remembers the meme that is not meant to be informational, they will remember it as such. Social media has given more power to feedback because of the capability of humor in participatory media.

Because of the power of humorous feedback and the need to formulate a unified message while being the first to deliver information to control this power, social media has opened new requirements and possibilities for Public Service Announcements (PSA) during health and crisis situations. Organizations could utilize the spreading, memorability, and engagement enhancing

power of humor for their own initial messages. Rather than creating a standard PSA and then reacting to the participatory media that arises, the organization could take the first step and make a humorous message to deliver their social media message and then allow the public to share it. Utilizing humor would also require the organizations to create a social media plan which includes effective appropriate memes. One issue they may have with creating memes is the seriousness of the information may be undermined. These considerations could be studied further in future research.

In a society that is inundated with pharmaceutical and health ads over multiple forms of media (*Harvard Men's Health Watch*, 2017), people may also be more likely to trust humorous nonmedical sources over those who sell the product. This reasoning may also explain the effectiveness of PSAs in other countries whereas in the United States it takes societal actors to make a difference, such as Charlie Sheen and HIV awareness (Howard, 2017). This also explains why the humorous video by Dr. Printz is more effective at spreading information rather than a non-humorous one. Her videos which are simply factual receive fewer likes, as they potentially feel more like an advertisement for the vaccine (Printz, 2021). She has credibility and humor; it humanizes the information thus it is less forceful and deterring.

This research is important because it shows the changes to health crisis communication due to the medium of social media and how organizations need to account for it. Changes in medium require a change in communication strategies, in this case the concept of humor being used to spread information regarding a health crisis. Health organizations need to improve their planning and messaging so that it is unified and thus reinforced by the public's feedback rather than discredited. Furthermore, this research shows that humor could be used as an effective tool by health organizations to spread memorable concise information.

Conclusion

In this research, I analyzed three digital artifacts, two memes and a humorous video, using a chronological rhetorical method to consider their potential influence on information during the COVID-19 pandemic. I paired these artifacts with important events and messages during the pandemic expressed by the CDC and the government to show their relationship as feedback and message spreading. Humor is used verbally to cope during crisis and health situations and visually is more memorable than other forms of health advertisement communication and increases engagement. This research revealed that these notions are prominent within the digital medium of social media and has the potential to have a further reach because of the sharing nature of social media.

Because of the sharing and collaborative nature of social media, health organizations and governments need to be organized and unified in their messaging. Humorous feedback can discredit their message if the public is using it to cope with fear surrounding the event. Whereas if it is organized, the public's feedback can be a tool to spread the message and further validate it. I theorize that humor could be used by organizations to humanize their information and increase the engagement with their message. This theory would need to also consider the seriousness and if it would be undermined by humor coming right from the organization.

This research could be furthered by expanding the data, looking at other countries, looking at instances when health organizations have used humor, and by looking at different health crisis events.

For expanding the data, researchers could look at more than three points of time in the event and more points of humorous feedback. Memes are a very common aspect of social media, and thus there are far more that could be analyzed. They could use a quantitative analysis to see

how many there are, how many times they have spread, how many times they have been altered, and how many likes and comments they receive. This could show the wide reach of humor and discuss more clearly the potential impacts made.

Another potential point of research would be looking at different countries. The United States has a large diverse population and a different culture surrounding PSAs, pharmaceuticals, and healthcare in general. Repeating this study in a country which is smaller, less diverse, and/or less capitalistic and individualistic in their healthcare system may reveal different results. There also may be different cultures surrounding humor and what is acceptable to joke about.

Looking at instances when health organizations have used humor would further or validate my theory on humors capability to increase engagement. They could consider how many likes the humorous message received compared to the non-humorous and whether it was taken seriously or not. They could also conduct an experiment similar to Nathalie Blanc and Emmanuelle Brigaud's (2013) to see whether people preferred the humorous message more, if they remembered it better, and if they trusted it.

Lastly, this research could be furthered by looking at a different health crisis. For example, would humor work as effectively during the opioid crisis? What things are off limits when it comes to health, crisis, and humor? This could be done by looking at past health crises and determining whether humor was present or not. Or it could be done with an experiment where the researcher creates the humorous content and sees how the viewer responds. The question of "where and when is humor used on social media and what is it's effect" is pervasive and can be continued and extended through further research.

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Appendix

Thank you Mr President



Figure 1



Figure 2

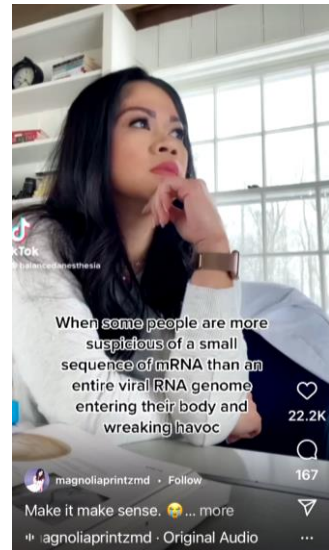


Figure 3