

# Negative media representations of young people during COVID related national lockdown increases young people's perceived stress

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## Abstract

Severe acute respiratory syndrome coronavirus is a destructive respiratory disease that has affected the lives of billions of people around the world. Researchers argue that a group-based approach drawing on our membership of specific social groups, rather than appealing to our individual self-interest, is necessary to combat the disease. Social groups who are perceived to be not adhering to national mitigation measures aimed at reducing the spread of the virus, are often portrayed negatively by the media. The current study examines the impact of negative media constructions of young peoples' behavior during the COVID-19 pandemic, specifically focusing on when these constructions have been contested by young people involved. A total of 789 young people were randomly assigned to read either a positive or negative description of young people's behavior during COVID-19 restrictions. Results indicate that the type of article had no impact on behavioral outcomes or perceived stress. However, an interaction effect was noted where reading a negative article and disagreeing with the content increased individuals' levels of perceived

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stress. Findings indicate that negative group-based media constructions of behavior do not increase behavioral conformity but does undermine the mental health of those involved.

### Public Significance Statement

During the COVID-19 pandemic, social groups seen to present a risk to public measures faced increased levels of negative media attention. However, findings from this study emphasize that negative group-based messages targeting behavioral change did not increase compliance but were associated with increased levels of perceived stress. Media outlets and policy makers should pay careful attention to how they report information relating to specific groups.

## INTRODUCTION

Severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2 or COVID-19) is a destructive respiratory disease that has affected the lives of billions of people around the world (Bilancini et al., 2020). Social distancing and adapting human behavior are seen as important strategies in combating the disease. Researchers argue that the pandemic is best understood as a group-based experience, as in certain groups are more likely to be negatively impacted and will have disproportionate means of navigating the pandemic. Consequently, an equally group-based approach is necessary to combat the disease (Jetten et al., 2020). Specifically, Haslam and Reicher (2017) argue that only when people see themselves as part of a larger collective will they compromise their own self-interest in favor of the greater good (Steffens, 2020). Recognizing this, national governments drew on national identity-based messaging to encourage widespread compliance with lockdown measures. Social identity theory emphasizes this group-based approach can facilitate positive social behavior (Foran et al., 2021; Oyserman et al., 2007).

While appealing to group identities can be effective in promoting appropriate behaviors, emphasizing group identity can result in categorizations of groups as sources of safety or threat (Jetten et al., 2020). Groups who are perceived to pose a threat, for instance groups that are not adhering to national COVID-19 mitigation measures, are increasingly portrayed negatively by the media (Jetten et al., 2020). Negative representations of particular groups during the current pandemic have been shown to have detrimental effects on well-being (Chu et al., 2021; Lee & Waters, 2020; Smith & Gibson, 2020). Additionally, negative representations can lead to self-fulfilling prophecies resulting in increased levels of stereotypical behavior (Murray et al., 2014). Moreover, this situation is aggravated when these constructions are perceived to be unfair or inaccurate by those affected (Giordano, 2010). This is of particular relevance for young people who were increasingly portrayed by negative media constructions during COVID pandemic (e.g., Burns, 2021; Cleary, 2020). Few studies have explored the impact of contested media constructions

on well-being and future behavioral intentions. The current study examines the impact of negative media constructions of young peoples' behavior during the COVID-19 pandemic, specifically focusing on when these constructions have been contested.

## Navigating a group-based approach

Researchers argue that the COVID-19 pandemic is best understood as a group-based experience. For example, not all groups are at risk, or affected by the spread of the virus equally (Jetten et al., 2020). Throughout the current health crisis, women have reported higher levels of depression, anxiety and health anxiety (Özjin & Bayrak Özjin, 2020), higher levels of vulnerability, perceived risk and fear (Yıldırım et al., 2021), and higher perceived threat from the virus (Perrotta et al., 2021). Equally, those who are from ethnic minorities (Katkireddi et al., 2021), older age cohorts (Gómez-Belda et al., 2021), or have a compromised immune system (Corse et al., 2020) are at greater risk of infection and complications because of the virus. Additionally, people under 65 living in deprived communities are 3.7 times more likely to die than those living in more affluent communities (Suleman et al., 2021). All people were asked to respect social distance and lockdown measures, among which those groups who are least at risk from the virus.

Social identity theory (SIT) (Tajfel, 1979) offers one potential avenue through which the pandemic and efforts to address the pandemic can be understood (Jetten et al., 2020; Neville et al., 2021). Our social identities represent the aspect of ourselves that is derived from our membership of our social groups, such as family, community, job, sport/community clubs. We have many different social identities and in any given situation a different identity can become salient (Turner et al., 1987). Depending on the context, we self-categorize as a member of a particular social group through a dual process of comparative and normative fit (Oakes, 1987). Comparative fit is where the differences between in-group members are smaller than when compared to out-group members, whereas normative fit refers to when there is congruence between group members behavior and the stereotypical expectations (Van Rijswijk et al., 2006). Once we identify as members of a particular group, we will enact the norms, values, and behaviors of that group (Haslam & Reicher, 2017).

SIT Theorists maintain (Tajfel, 1979) that, by emphasizing our social connection and shared fate, we can influence a sense of togetherness that can increase social beneficial behaviors even among those who belong to a lower risk group. Previous research has demonstrated that SIT has been instrumental in influencing health behavior change in other health related domains, such as cessation of smoking (Sussman et al., 2014), sexual health (Stanley et al., 2018), exercise (Terry et al., 1999), and vaccine uptake (Mols et al., 2015). Accordingly, there was an increase in calls to adopt a similar group-based approach in efforts to tackle the current COVID-19 pandemic (Jetten et al., 2020). Indeed, longitudinal and experimental research has demonstrated the importance of social identity in predicting compliance and psychological well-being, including in-group norms (Borinca et al., 2024), shared social identity (Lamont et al., 2023), social norms (Blackburn et al., 2024), identification with one's community (Stevenson et al., 2021; Vignoles et al., 2021), and national identification (Van Bavel et al., 2022).

However, adopting a group-based approach to tackling the virus can also be problematic (Foran et al., 2021). For example, defining groups as in-groups and out-groups can result in categorizations of groups as sources of safety and support or threat and harm (Jetten et al., 2020). This can be particularly evident if the threat is considered to have originated from out-group sources (Maher et al., 2023). This intergroup dynamic can fuel intolerance, prejudice, and punishment

(McCann, 2008). For example, Shimizu (2020) and Greenaway (2020) report increased levels of discrimination against those perceived to be of Chinese origin since the pandemic began. Additionally, respiratory viruses represent a unique risk in that the threat can be represented to come from other people. Ultimately, groups that are perceived to pose a threat or break national restrictions can become the focus of increased negative media attention (Jetten et al., 2020).

In Ireland, where the current study took place, tourists (Specia, 2020), members of the Travelling community (O'Brien & Byrne, 2021) or members of sports clubs (Fogarty, 2021) have been recipients of such negative scrutiny. Worldwide, Levy (2022) argues that ageism was brought into stark relief during the pandemic. Specifically, older populations were viewed as being culpable for the severity of the restrictive measures and faced rising support for more age-based COVID-19 restrictions (Spaccatini et al., 2022). Conversely, younger individuals continuously face negative stereotypes such as reckless, unreliable, and unstable (Levy, 2022). However, few studies explore the impact of negative ageist language has on younger populations.

Indeed, negative social and media constructions can lead to self-fulfilling prophecies (Murray et al., 2014). Social identities are recognized to be constructed and negotiated in our everyday social interactions (Wiggins, 2014), with different versions of identities being created to achieve different objectives (Stevenson & Muldoon, 2010). For example, Giordano (2010) found that contested negative representations can lead to anger and defiance and can ultimately increase anti-social behavior and mental health difficulties amongst targeted groups (Giordano, 2010). However, it is important to note that outcomes are not always negative. For instance, by emphasizing nursing identity constructed around patient responsibility, Falomir-Pichastor et al. (2009) found nurses were more likely to receive a flu vaccine. This suggests that constructing specific groups in society as serial offenders may inadvertently increase the likelihood of increasing the very behavior we are trying to curtail.

Negative media-based representations of different groups can not only influence behavior but also psychological well-being (Chu et al., 2021). For example, Appel and Weber (2021) found that mass media-generated stereotype threat impaired members of negatively portrayed groups and undermined. This is particularly evident when the constructions are perceived to be unfair or inaccurate by those affected (Giordano, 2010). Brown and Jones (2013) argue that negative and unexpected representations of Islam increased stress and undermined Muslim students' well-being. Additionally, unfair negative media representations of people who have mental illness can impair well-being, help-seeking behavior, medication adherence and overall recovery, as well as perpetuate stigma and discrimination (Stuart, 2006). Taken together this raises the question, how do contested group-based representations during the COVID pandemic impact well-being and future adherence behaviors amongst targeted groups?

## Current study

Throughout the COVID-19 government restrictions in Ireland, there was a focus on students, and student's actions, as potential drivers of disease, particularly those living in university housing or near campus. Indeed, at the University of Limerick where the present research took place, student parties were highlighted across multiple media platforms as contributing to rates of disease in the local community (Burns, 2021). Senior management of the University took steps to mitigate such actions, including nightly patrols by local police (Cleary, 2020), directives from the University management, and threats of suspension. This led to an outcry from many students on social media, arguing that not all students were breaking COVID-19 restrictions, and many were in fact

complying with COVID-19 mitigation advice. In this context, we argue that media representations of young people during the pandemic, can negatively affect both intentions to adhere to recommended behavioral restrictions and perceived stress – especially for students who do not agree that all students are failing to comply with the imposed restrictions.

This study uses an experimental approach to examine the association of positive and negative news article depictions of young people during the COVID-19 outbreak on young people's well-being and intentions to adherence to guidelines, and whether any association is mediated by agreement with media depictions. Specifically, we hypothesize that young people who are exposed to negative media representations of young people's adherence to guidelines, and disagree with the representations, will report lower intentions to adhere to COVID-19 health guidelines than those exposed to positive representations (H1). Similarly, young people who are exposed to negative media representations will report higher levels of stress than young people exposed to positive representations, but only if they disagree with the negative representation (H2).

## METHOD

### Design

An experimental between-subjects design was used. The independent variable for this study was media depictions of young adults' compliance with public health measures (positive representation, negative representation). Participants were randomly assigned to one of the two conditions. The moderating variable was agreement with the article. The dependent variables were intentions to adhere to public health measures and perceived stress.

### Participants

A total sample of  $N = 1184$  (701 female, 290 male, 5 other;  $M_{age} = 20.68$ , min = 18, max = 25,  $SD = 2.08$ ), were recruited using an online module credit system in return for one course credit. Snowball sampling was also used to maximize recruitment during the COVID-19 lockdown period, through social media (Facebook, Twitter, and Instagram) and the university e-mail distribution lists. We excluded participants who had missing data for any items for any of the variables of interest and this left a sample of  $N = 789$  (563 female, 221 male, 5 other;  $M_{age} = 20.64$ , min = 18, max = 25,  $SD = 2.07$ ).

### Procedure

Participants were invited via social media, university e-mail distribution lists, and SONA to complete a series of psychometric measures presented on Qualtrics Survey Software. This web-based survey was launched on December 21, 2020, and data collection remained open until February 19, 2021. The survey took approximately 11 min to complete. Participants first completed a series of demographic questions. Ethical approval for the study was granted by the university's ethical review board.

Participants were asked to complete a short reading task where they were randomly assigned to reading one of two news articles (positive or negative representations). After reading the article,

participants answered questions on whether they identified as a young adult and agreement with the article. Participants then completed measures of the variables of interest: adherence to public measures, and perceived stress as outlined below. Analysis was conducted on SPSS version 26, and R (version 4.1.0, R Core Team, 2021).

## Materials

### News article manipulation

Participants were randomly allocated to read an article depicting young peoples' behavior during COVID-19 restrictions in either a positive or negative fashion. Both articles were condensed to ensure they were of similar length. Both articles reported a leading health official commenting on the behavior of young people and the impact of the behavior on the wider public. The negative article shamed young adults for their lack of compliance with public health measures during the COVID-19 lockdown period. Specifically, the negative article led with the headline "Coronavirus: Young people blamed for spike in National infections". It included quotes from leading health officials chastising young people's behavior. The positive article led with the headline "Survey findings show young people are leading the way with positive changes in behavior during coronavirus restrictions" and reported a leading figure praising young people for their efforts in complying to public health measures during the COVID-19 lockdown period. The full text of both manipulations is presented in the Supplementary materials.

## Measures

### Demographic information

Demographic questions included age, gender, and socioeconomic status. For age, participants were asked to provide their age in numerals. For gender, participants were asked to indicate their gender, with response options *male*, *female*, and *other*. For socioeconomic status participants indicated how much they earned a week or up to a year on a Likert scale from 1 to 9 (1 = 0–200 per week or up to 10,400 per annum, 2 = 201–350 per week, or up to 18,200 per annum; 9 = 2501 per week and over or 130,052 per annum)

### Article agreement

Agreement with the sentiments of the article was measured using a one item scale. Participants were asked how much they agreed with the following statement: "*I think this article accurately describes young people's behavior during the coronavirus pandemic*". Responses were measure on a 5 item Likert scale (1 = *strongly agree*; 5 = *strongly disagree*).

### Adherence to guidelines

A 10-item questionnaire assessing intentions to comply with national COVID-19 mitigation recommendations during future lockdown restrictions was employed. Items were rated on a 5-point

Likert scale (1 = *never*, 5 = *always*). This scale has been used on previous papers exploring COVID-19 behavioral outcomes (Foran et al., 2021). Sample items from the scale include: “*I will continue to wash my hands frequently*” and “*I will wear a face mask in a public place when recommended by national guidelines*”. Intentions to comply with national recommendations during future lockdown restrictions was measured by summing all items with higher scores indicating greater intentions to comply (Cronbach’s  $\alpha = .85$ ).

## Perceived stress

The Perceived Stress Scale (PSS, Cohen, 1988) was used to measure perceived stress. The scale measures the degree to which individuals appraise life situations as stressful. The scale consists of 10 items which measure subjective stress on a 5-point Likert-type scale (1 = *never*, 5 = *very often*, range = 1–50). Sample items for the PSS include, “*In the last month, how often have you felt that things were going your way?*” and “*In the last month, how often have you felt difficulties were piling up so high that you could not overcome them?*” PSS scores were obtained by reverse scoring the four positively stated items and summing all scale items. Higher scores indicated higher levels of perceived stress. (Cronbach’s  $\alpha = .88$ )

## Analytic strategy

Analysis began with independent samples *t*-tests to examine differences between experimental conditions on reported article agreement, adherence intentions, and perceived stress. Next bivariate correlation analysis was conducted to examine relationships between study variables. Finally, in order to test H1 and H2 we conducted regression analysis. Specifically in order to test the predicted interaction between type of messaging, and level of agreement with the message, on adherence intentions and on stress, while controlling for other possible covariates, we conducted regression analyses that included an article type  $\times$  agreement interaction in the model. Past research has demonstrated that females are more likely to adhere to COVID-19 mitigation guidelines compared to men (Clark et al., 2020; Dai et al., 2020) and in general females are more likely to report higher levels of perceived stress (e.g., Worly et al., 2018). Therefore, gender was entered as a covariate. While this sample is an all-student sample, student’s ages may still affect results. Past research has shown age is associated with adherence (Dai et al., 2020), and age is also related to perceived stress (Bergdahl & Bergdahl, 2002); therefore, age was entered as a covariate. Based on previous research, perceived stress has also been shown to positively predict COVID-19 adherence behaviors (e.g., Grabowski et al., 2021), therefore perceived stress was controlled for in the regression analysis examining adherence intentions as an outcome.

## RESULTS

First, we conducted a series of independent samples *t*-tests to examine differences in responding to the variables of interest (agreement, adherence intentions, and stress) depending on experimental condition. An independent samples *t*-test found a significant difference in agreement with the article depending on condition  $t(779.53) = -5.96, p < .001, d = .42$ . Participants reported significantly more agreement with the positive article ( $M = 3.24, SD = 1.06$ ), than with the negative

**TABLE 1** Correlations between variables and covariates of interest.

	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>M</b>	<b>SD</b>
1. Age	–				20.64	2.07
2. Gender	.07*	–			.72	.45
3. Agreement	−.01	−.05	–		2.99	1.14
4. Adhere	.05	.28**	.13**	–	4.23	.67
5. Stress	−.08*	.18**	−.02	.04	3.41	.72

article ( $M = 2.76$ ,  $SD = 1.17$ ). An independent samples  $t$ -test revealed no difference in reported adherence intentions between participants who read the negative article ( $M = 4.21$ ,  $SD = .67$ ), and participants who read the positive article ( $M = 4.26$ ,  $SD = .67$ ),  $t(786.98) = −.99$ ,  $p = .324$ ,  $d = .07$ . A final independent samples  $t$ -test revealed no difference in reported stress between participants who read the negative article ( $M = 3.43$ ,  $SD = .73$ ), and participants who read the positive article ( $M = 3.38$ ,  $SD = .72$ ),  $t(786.87) = .98$ ,  $p = .330$ ,  $d = .07$ .

Next, we conducted a series of bivariate correlations to examine possible relationships between the variables of interest, and the relevant covariates. These correlations are displayed in Table 1. Age was positively correlated with gender (females tended to be older [ $M = 20.7$ ,  $SD = 2.1$ ] than males [ $M = 20.4$ ,  $SD = 1.9$ ], this was also confirmed by a  $t$ -test,  $t[435.98] = −2.12$ ,  $p = .034$ ,  $d = .16$ ), and negatively correlated with Stress (older participants tended to report lower stress than younger participants). Gender was also correlated with adherence intentions (females reported higher adherence intentions [ $M = 4.3$ ,  $SD = .6$ ] than males [ $M = 3.9$ ,  $SD = .8$ ], again confirmed by a  $t$ -test,  $t[300.06] = −6.93$ ,  $p < .001$ ,  $d = .65$ ), and with Stress (females reporting higher stress [ $M = 3.5$ ,  $SD = .7$ ] than males [ $M = 3.2$ ,  $SD = .7$ ] again confirmed by a  $t$ -test,  $t[300.06] = -6.93$ ,  $p < .001$ ,  $d = .65$ ). Adherence intentions and agreement were also positively correlated, participants who scored higher on agreement, also scored higher on adherence intentions, the more participants agreed with the article, the greater their intentions to adhere to mitigation measures.

We conducted two hierarchical linear regressions to test our hypotheses. First, we conducted a regression analysis with adherence as the outcome variable. We included each of the covariates (age, gender [0 = male, 1 = female], stress), and the variables of interest (article type, agreement), along with the predicted article type  $\times$  agreement interaction in the model. The overall model was significant and accounted for 9% of the variance in reported adherence intentions  $R^2 = .10$  (adjusted  $R^2 = .09$ ),  $F(6, 777) = 14.65$ ,  $p < .001$ . The full results are displayed in Table 2. Gender, included as a covariate was a significant predictor of intentions to adhere to mitigation measures.

**TABLE 2** Predictors of adherence.

Predictor	<b>b</b>	<b>95% CI</b>	<b>t(777)</b>	<b>p</b>
Intercept	−.77	[−1.45, −.09]	−2.21	.027
Age	.01	[−.02, .05]	.88	.379
Gender	.64	[.49, .79]	8.27	<.001**
Stress	−.01	[−.08, .06]	−.29	.775
Article	.00	[−.14, .14]	.01	.990
Agree	.14	[.05, .24]	3.02	.003*
Article $\times$ Agree	.01	[−.13, .15]	.12	.905

Note: \*  $p < .05$ ; \*\*  $p < .001$ .

**TABLE 3** Predictors of stress.

Predictor	b	95% CI	t(778)	p
Intercept	.65	[-.04, 1.35]	1.84	.065
Age	-.04	[-.08, -.01]	-2.64	.008*
Gender	.40	[.25, .56]	5.19	<.001**
Article	-.08	[-.22, .06]	-1.06	.289
Agree	-.09	[-.18, .01]	-1.80	.073
Article × Agree	.17	[.03, .31]	2.39	.017*

Note. \*  $p < .05$ ; \*\*  $p < .001$ .

The predicted article type  $\times$  agreement interaction was not observed,  $b = .01$ , 95% CI = [−.13, .15],  $t(777) = .12$ ,  $p = .905$ . Article type was not a significant predictor of adherence intentions;  $b = .00$ , 95% CI = [−.14, .14],  $t(777) = .01$ ,  $p = .990$ . Agreement was a significant predictor of intentions to adhere to mitigation measures,  $b = .14$ , 95% CI = [.05, .24],  $t(777) = 3.02$ ,  $p = .003$ , the more participants disagreed with the content of the article, the more likely they were to report lower intentions to adhere to mitigation measures.

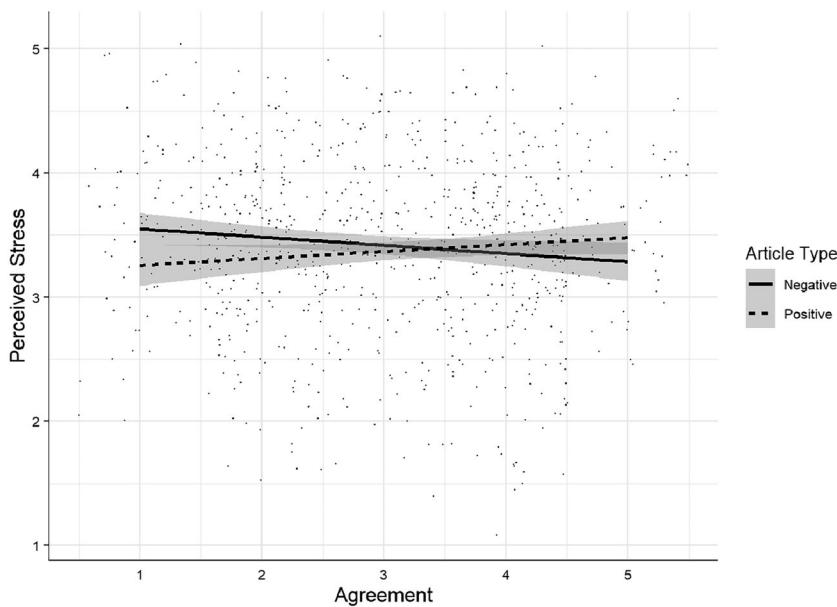
We conducted a second regression with self-reported perceived stress as the criterion variable. We included each of the covariates (age, gender [0 = male, 1 = female]), and the variables of interest (article type, agreement), along with the predicted article type  $\times$  agreement interaction in the model. The overall model was significant and accounted for 4% of the variance in perceived stress,  $R^2 = .05$  (adjusted  $R^2 = .04$ ),  $F(5, 778) = 8.14$ ,  $p < .001$ . The full results are displayed in Table 3.

Both age and gender were significant predictors of perceived stress. Agreement was not a significant predictor,  $b = -.09$ , 95% CI = [−.18, .01],  $t(778) = -1.80$ ,  $p = .073$ , nor was article type,  $b = -.08$ , 95% CI = [−.22, .06],  $t(778) = -1.06$ ,  $p = .289$ . However, an article type  $\times$  agreement interaction was observed,  $b = .17$ , 95% CI = [−.18, .01],  $t(778) = 2.39$ ,  $p = .017$ . Participants who read a negative article and *disagreed* with it reported higher perceived stress than participants who disagreed with a positive article. Agreeing with the negative article was associated with lower perceived stress, while greater agreement with the positive article was associated with higher rates of perceived stress. This interaction is displayed in Figure 1.

## DISCUSSION

This experimental study with a university student sample of young people, manipulated media representations (positive vs. negative) of young people's adherence to COVID-19 health advice. Results partially supported our predictions. In terms of reported COVID-19 adherence intentions, although there were no differences in reported adherence intentions between the conditions, there was an interaction effect of agreement on article type. Specifically, participants who read a negative media representation of young people's COVID-19 mitigation behavior and disagreed with the representation of their group reported no difference in adherence intentions but higher levels of perceived stress. These findings have theoretical and practical implications.

Social identity theorists have argued that the COVID-19 pandemic is best understood as a group-based experience because levels of vulnerability and risk from the virus are uneven and vary in accordance with social group memberships (Jetten et al., 2020). One social category that has been particularly salient during this pandemic has been based on age. Fatalities, risk and vulnerability



**FIGURE 1** Interaction between agreement and article in predicting perceived stress.

have been considerably higher among older people. Therefore, despite the uneven risk, in order to protect our most vulnerable the World Health Organization and National Governments have emphasized the need for all people to act together and adhere to COVID-19 mitigation efforts by staying apart. In order to protect more vulnerable older people, young people have been asked to put their physical social lives on hold for long periods of time.

At the same time, young people have been portrayed negatively by the media, because of the potential threat they pose by not be adhering to national COVID-19 mitigation measures (Jetten et al., 2020). Previous research has found that negative representations led to self-fulfilling prophecies and increased levels of stereotypical behavior (Murray et al., 2014). For example, negative media representations led to increased anti-social behavior among targeted groups (Giordana et al., 2010), reduced help seeking and medication adherence among people with mental illness (Stuart, 2006). Although, the current study found no differences between reported adherence intentions among participants in the positive and negative conditions, results show that if participants agreed with the article they read, positive or negative, they reported higher COVID-19 adherence intentions. Conversely, then, when participants disagreed, they reported lower adherence intentions. This provides some support that media representations may contribute to self-fulfilling prophecies and inadvertently be associated with the very behavior we are trying to curtail.

The current results add to previous research that shows negative representations of groups during the pandemic has had detrimental effects on well-being (Chu et al., 2021). Specifically, participants who read the negative article and disagreed with the negative representation of young people, reported higher perceived stress than participants who disagreed with the positive article. While group memberships can be a positive social resource (Jetten et al., 2020), we show that negative media portrayals of young people, particularly when seen as untrue or unfair, can act as a social curse and undermine the well-being of young people during this pandemic. Notably, it was associated with perceptions of how stressed participants felt in the last month; this speaks to the

detrimental impact of reading representations about one's group that are perceived as untrue or unfair.

Moreover, these findings support previous researchers arguing that the pandemic can be understood through a group-based approach (Bornica et al., 2024; Foran et al., 2021; Jetten et al., 2020). Specifically, this study provides evidence to support Neville et al. (2021) who argue that public health messaging needs to be framed as identity-affirming rather than identity-contradictory if the desired impact on behavioral change is to be achieved. Similarly, Foran et al. (2021) argue that messaging needs to be inclusive rather than divisive if it is to be successful in increasing intentions to adhere to health-related behavioral restrictions. These findings have practical implications. Specifically, governmental policies should avoid targeting particular groups. Negative group-based messages, as targeting behavioral change did not increase compliance but were associated with increased levels of perceived stress. Additionally, media outlets and policy makers should pay careful attention to how they report information relating to specific groups if they are to support individual populations and effect behavioral change.

Research documenting the negative impacts of the COVID-19 pandemic on third-level student's well-being has accumulated, particularly its effects on perceived stress (Husky et al., 2020). Indeed, research has highlighted that students represent a vulnerable group at greater risk of mental issue during the pandemic (Wang et al., 2020), particularly younger students (18–25 years) and female students (Abdulghani et al., 2020). Consistent with this, clinically significant rates of acute stress, anxiety, and depression have been found in student populations (Cao et al., 2020). This too has implications for adherence to COVID-19 restrictions employed to reduce COVID-19 transmission. A large international study of 48 countries highlighted that greater levels of perceived stress were associated with lower compliance, even controlling for country-level factors (Lieberoth et al., 2021). While in the present sample we show negative media representations was associated with perceived stress in students who disagreed with the message, this may in the longer-term subsequently influence adherence and well-being. In this regard, media outlets should pay careful attention to how they report information, and perhaps in their messaging offer a caveat; it is not all students, just some.

The present study has some limitations. The claims we can make about young people's mitigating behavior is undermined by the fact that it was only possible to measure young people's COVID-19 mitigating adherence intentions rather than their actual behavior. Equally, we did not include a manipulation check to test whether effectiveness of the valence of the description provided in the scenario. Future research could examine the impact of negative media representations on young people's reported behavior longitudinally. However, this experimental study shows that this pandemic is best understood as group-based phenomenon (Jetten et al., 2020). Despite belonging to a low-risk group, young people have been asked to sacrifice a great deal and put their social lives on hold, to protect more vulnerable older people. The study manipulated media representations, as either positive or negative, of young people's COVID-19 mitigation adherence behaviors. Young people who disagreed with the negative representations, reported higher levels perceived stress. We show that, constructions that are perceived to be untrue, are not only likely not to be associated with a willingness to change behavior, but they may also contribute to the multiple factors that are undermining young people's well-being.

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## CONFLICT OF INTEREST STATEMENT

The are no conflicts of interest

## DATA AVAILABILITY STATEMENT

Data will be made available using a data-sharing platform.

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## SUPPORTING INFORMATION

Additional supporting information can be found online in the Supporting Information section at the end of this article.

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