

**Michael Bang Petersen** @M_B_PetersenFeb 16 · 26 tweets · [M_B_Petersen/status/1626210335836483587](#)

How did COVID-19 polarize societies across the world?

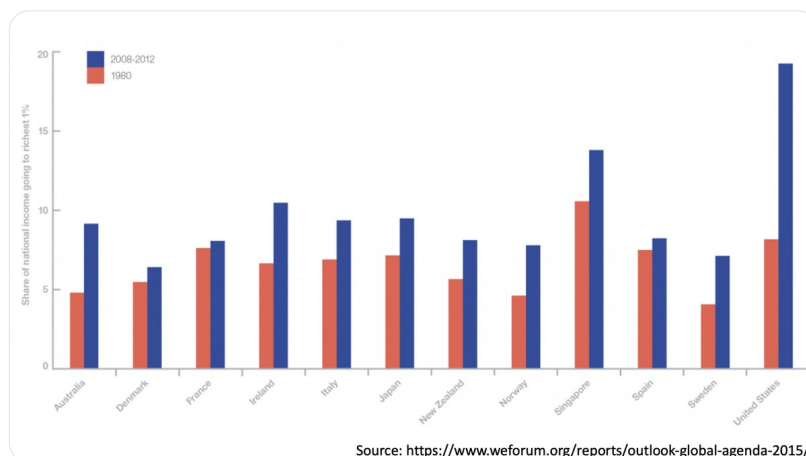
In [@HopeProject_dk](#), we began our research on the societal impact of the pandemic in March 2020.

After 3 years of research & 500.000+ interviews, it is now possible to write the 3 act story of pandemic polarization.

🧵 1/26

Let me set the scene as the pandemic hit.

The Western world were already growing less stable. Economic inequality - a driver of instability (<https://journals.sagepub.com/doi/pdf/10.1177/0022343312442078>) - was rising. Psychologically, inequality breeds distrust in core institutions (psyarxiv.com/6m4ts/).
2/26



The financial crisis furthered this, leading to a populist backlash (



). And, in the age of social media, those distrusting the authorities could more easily coordinate & share than ever (

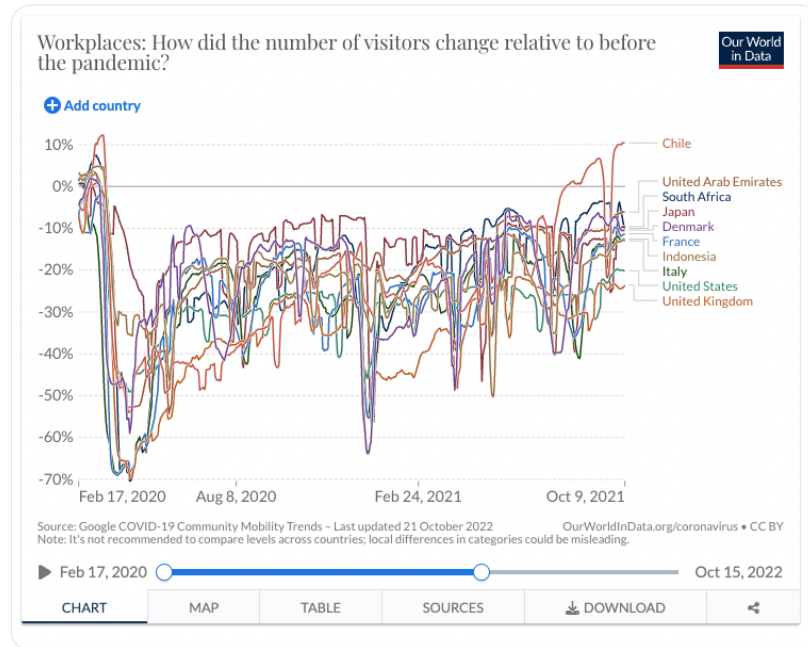


). 3/26

Then the pandemic hit.

It likely created the biggest behavior change in world history. At no other time have some many at the same time done the same thing (isolating!).

And with that the 1st major act of the unfolding of pandemic polarization had begun. 4/26



The seed of conflict was the fact that there are huge asymmetries in risk from COVID-19, especially related to age. This was already clear from the early Wuhan data

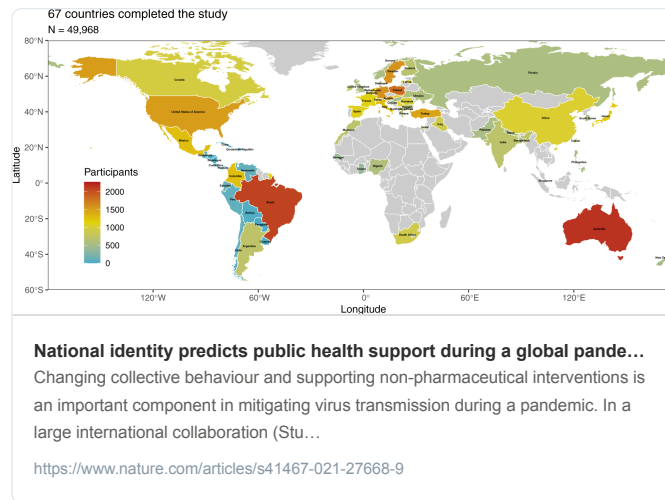
([https://www.who.int/publications/i/item/report-of-the-who-china-joint-mission-on-coronavirus-disease-2019-\(covid-19\)](https://www.who.int/publications/i/item/report-of-the-who-china-joint-mission-on-coronavirus-disease-2019-(covid-19))). Here is the conclusion from Feb 28th 2020 from

WHO 📌. 5/26

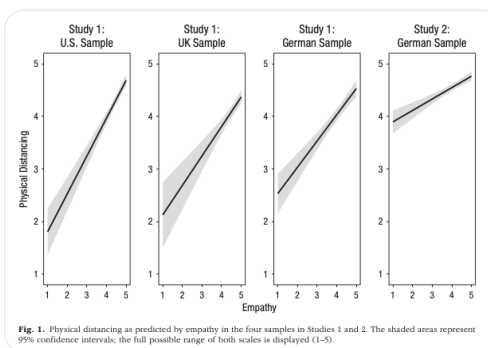
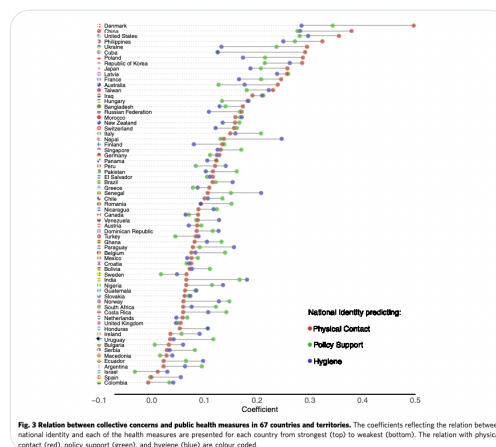
Individuals at **highest risk** for severe disease and death include people aged over 60 years and those with underlying conditions such as hypertension, diabetes, cardiovascular disease, chronic respiratory disease and cancer. Disease in **children** appears to be relatively rare and mild with approximately 2.4% of the total reported cases reported amongst individuals aged under 19 years. A very small proportion of those aged under 19 years have developed severe (2.5%) or critical disease (0.2%).

Asymmetries in risk means that some will bear more costs of reducing societal transmission (the young & healthy) while others gains more benefits (the elderly & ill). In essence, for many isolation was an act of solidarity. 6/26

Our research provides clear evidence. A major predictor of differences in following advice on distancing & masking is individual difference in empathy
<https://journals.sagepub.com/doi/pdf/10.1177/0956797620964422>). Another is a sense of community: Identifying with your country (



). 7/26



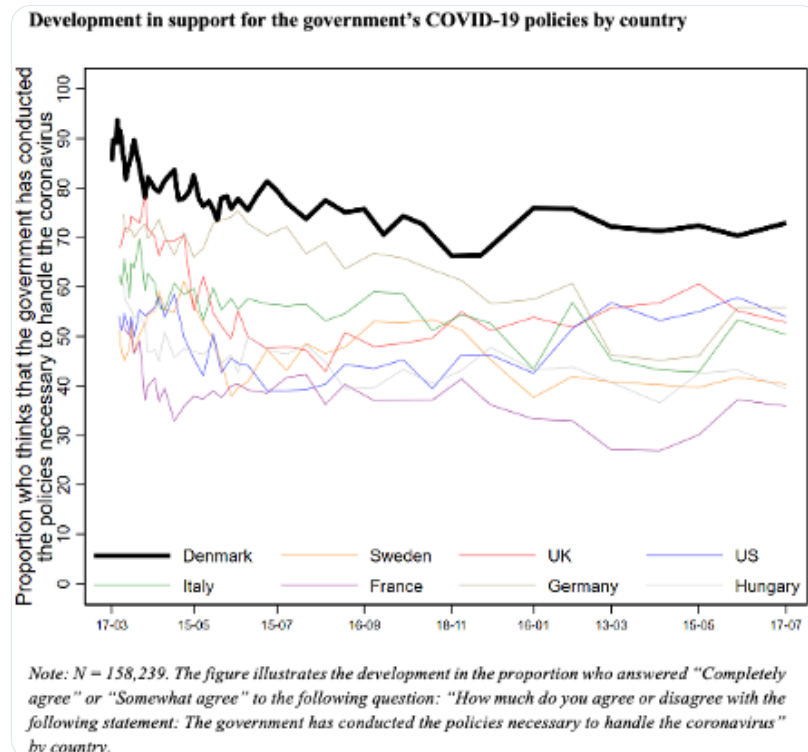
In the 1st act, the need for solidarity created initial differences in compliance with the advice of authorities. Despite this, we found that overall there was general support across many countries for national policies (



). 8/26

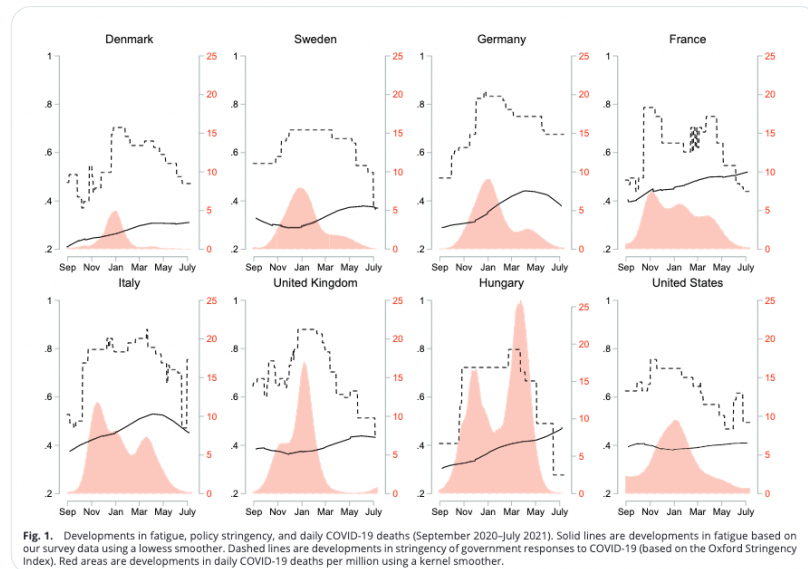
However, this slowly changed and support began to dwindle as rapid behavioral change was turned into prolonged social isolation through the long lockdowns imposed across the world in 2020.

And thereby started the 2nd act of pandemic polarization. 9/26

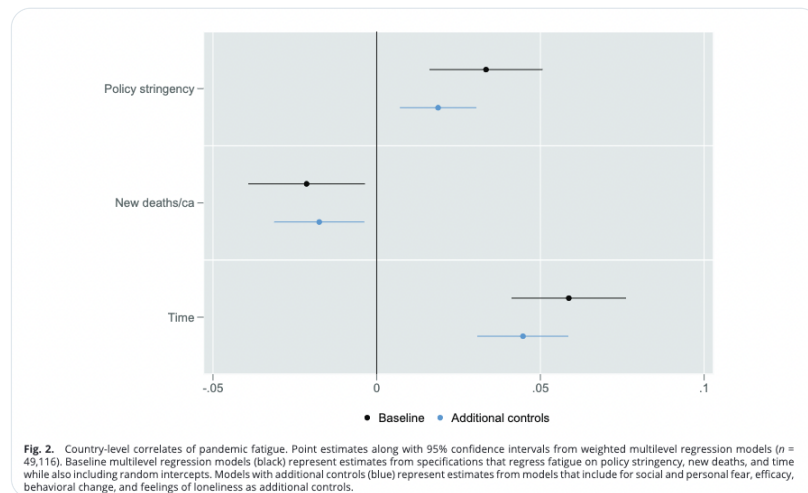


Social isolation entails costs: Economic costs, costs in terms of mental health and costs to your sense of freedom. These "costs of compliance" induced fatigue. In one project, we tracked this fatigue over 11-months of the pandemic

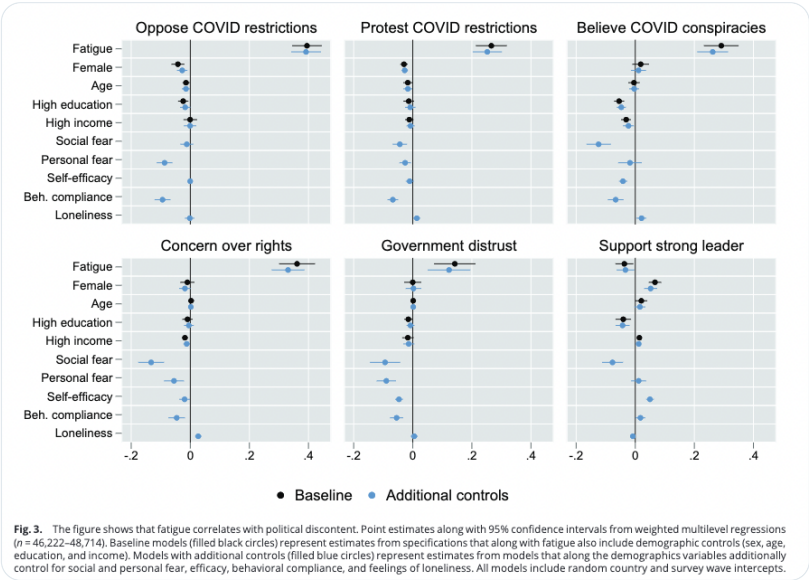
(<https://www.pnas.org/doi/10.1073/pnas.2201266119>). 10/26



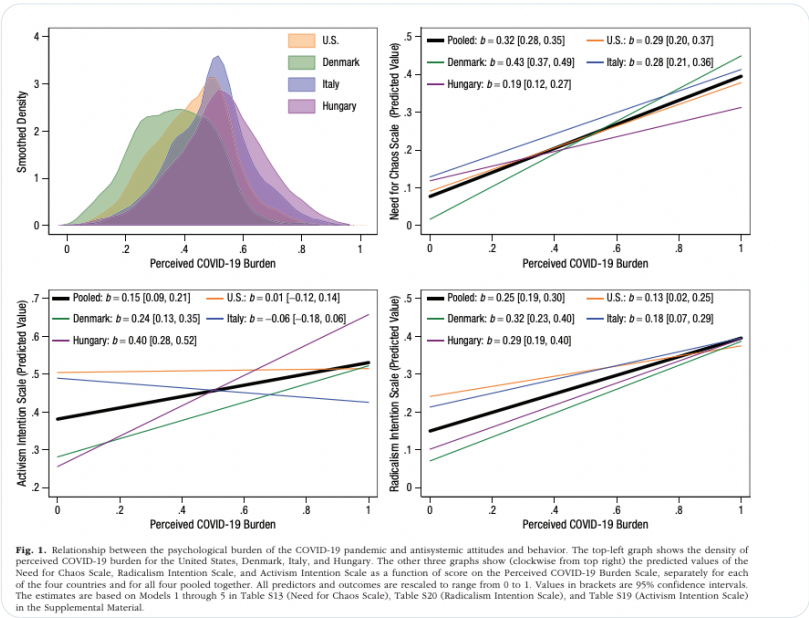
It waxed & waned. When restrictions became more stringent, fatigue increased. When the need for restrictions was clear to the public (i.e., many died), however, fatigue was kept at bay. But time itself also had an effect. As time got by, fatigue increased. 11/26



As fatigue increased, it did not just shape behavior. Fatigue polarized those who suffered against the political system, lowering their political trust and increasing their belief in conspiracy theories. 12/26

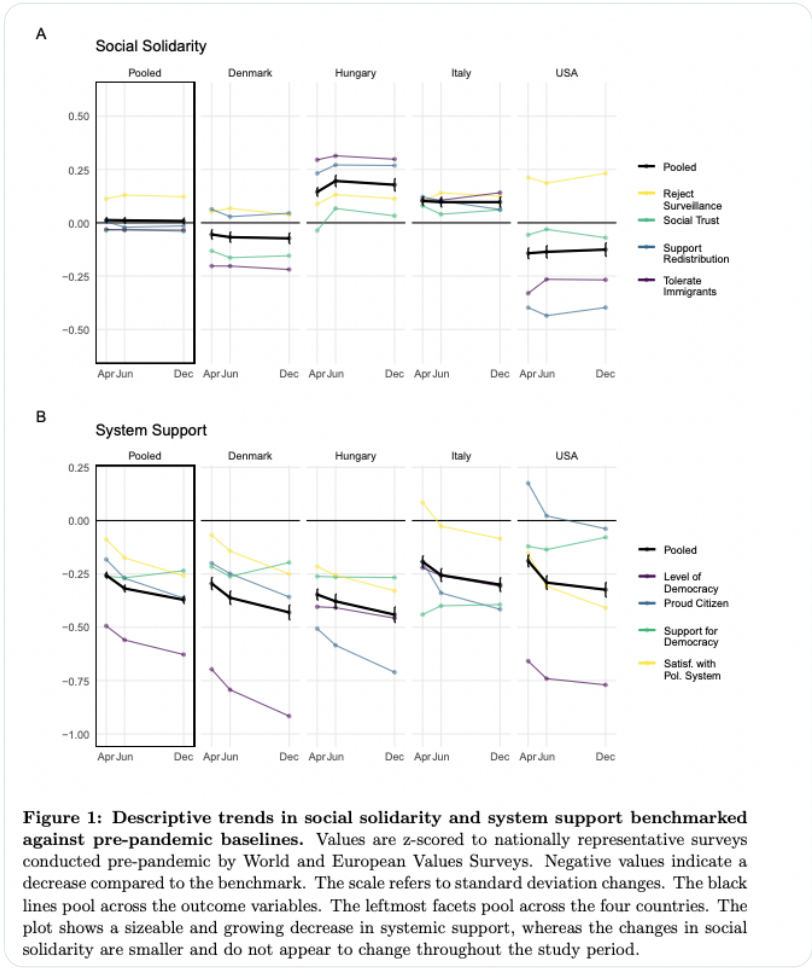


In another project, we examined the potential explosive consequences: <https://journals.sagepub.com/doi/pdf/10.1177/09567976211031847>. The burden of living through a pandemic even activated support for violent radicalism and for "burning down" society, as per our 'Need for Chaos' measure. 13/26



As consequence, our research showed that societies left 2020 with lower levels of support for the political system: psyarxiv.com/qjmct/

Interestingly, we did not find that social solidarity between citizens suffered much in 2020. But that was about to change. 14/26



2020 ended with the arrival of the vaccines.

With the vaccines started the 3rd and final act of pandemic polarization. 15/26

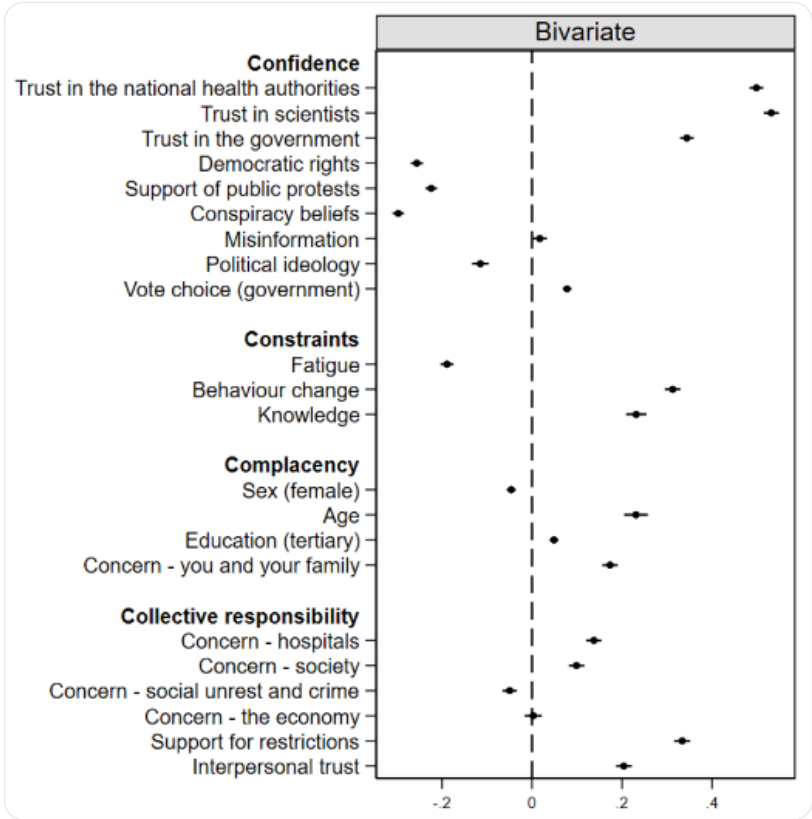
The biggest predictors of vaccine hesitancy was trust in the authorities and government - those exact factors hit by pandemic fatigue:

Public acceptance of COVID-19 vaccines: cross-national evidence on I...

Objectives The management of the COVID-19 pandemic hinges on the approval of safe and effective vaccines but, equally importantly, on high vaccine acceptance among people. To facilitate vaccine accep...

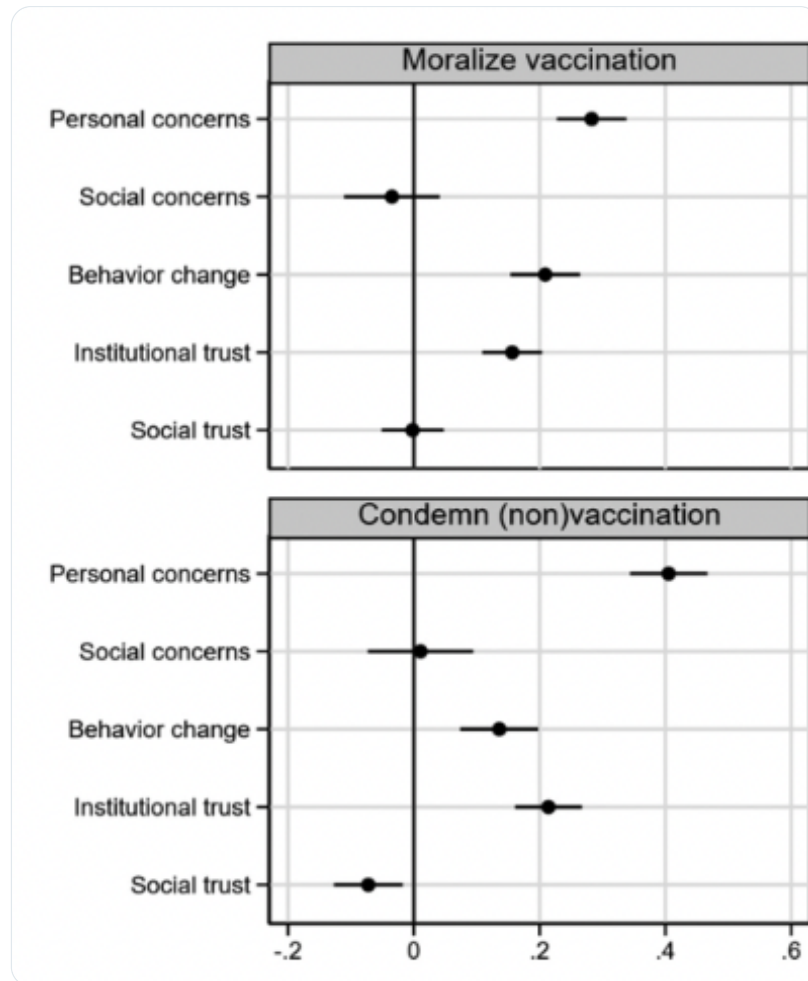
<https://bmjopen.bmj.com/content/11/6/e048172.abstract>

. In a sense, pandemic management was hurting the source of the very solution to the crisis: Trust. 16/26



Yet, while those who were vaccine hesitant lacked trust in the effectiveness and safety of vaccines, those supporting the vaccines looked at them differently: As uncaring free-riders.

Our research showed that the unvaccinated faced significant moral condemnation from the vaccinated: <https://onlinelibrary.wiley.com/doi/full/10.1111/pops.12835>. Psychologically, this was driven by personal rather than social (i.e., self- rather than other-regarding) concerns regarding the pandemic impact. 18/26



This condemnation was fuelled further by politicians. This Macron's quote is a case in point.

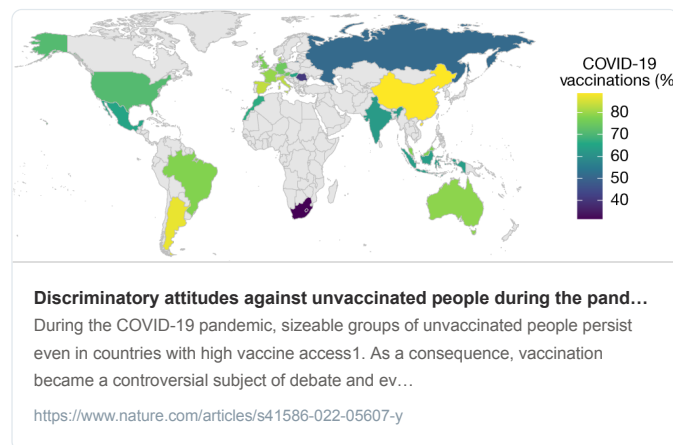
📌 If the hope was that this rhetoric would convince the unvaccinated, our research shows that it failed: psyarxiv.com/j49zg/. 19/26



After condemning rhetoric at a press conference in Denmark, the trust of the unvaccinated in the management of the pandemic fell 11 %-points. Again, this made the problem of mistrust-based-hesitancy worse rather than better. 20/26



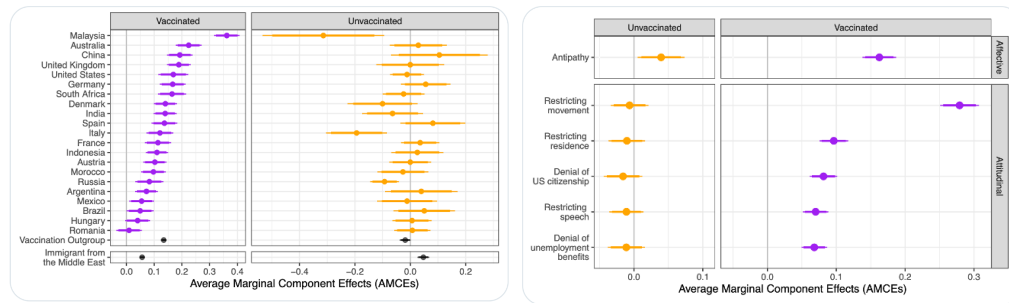
In our final study, we assessed whether these dynamics laid the ground for a new global socio-political cleavage based on vaccination status:



. The answer is: Yes - but only in the eyes of the vaccinated. 21/26

Across 21-countries, we found that the vaxxed in most countries were motivated to exclude the unvaxxed from family relationships but not vice versa. In the US, we furthermore found that the vaxxed were motivated to exclude the unvaxxed from fundamental political rights.

22/26



So, how did the pandemic polarize societies?

#1 Different costs/benefits created differences in compliance

#2 Fatigue among those who suffered the most created mistrust & furthered vaxx hesitancy

#3 Hesitancy fuelled strong anger towards unvaxxed, deepening their mistrust 23/26

This has important implications:

#1 Trust was key for solving the pandemic but the pandemic eroded this critical resource, leaving societies less prepared for the next crisis. And the next crises are already here. 24/26

#2 One key insight is that crisis management cannot be left to domain experts. It needs to include social scientists with broad behavioral expertise. As example, we have called for directly treating low trust as a key pandemic risk factor:



The Trust Gap

Trust is vital at every stage of a pandemic response—and governments need to find ways to fight pandemics even when trust is low.

<https://www.foreignaffairs.com/united-states/trust-gap-fight-pandemic-divided-country>

25/26

#3 Polarization is likely in any crisis that entails massive behavior change such as the climate crisis. We need to think deeply about avoiding similar dynamics as we prepare to manage the extremely difficult crisis of climate change. 26/26

