Attributing Blame During the Coronavirus Pandemic

Senior Honors Thesis

By

Alka Meresh

School of Education & Social Policy

Northwestern University

Primary Advisor

Lilah Shapiro, PhD

School of Education and Social Policy

Department of Human Development & Social Policy

Secondary Advisor

Sarah Rodriguez, PhD

Weinberg College of Arts and Sciences

Department of Global Health Studies

**Acknowledgements**

I would like to express my sincerest gratitude to my advisor Lilah Shapiro for going above and beyond to provide support, guidance, and invaluable feedback on my project. This project would not have been possible without her dedication. I would also like to thank Sarah Rodriguez for providing me with additional insights as my secondary advisor and supporting me with feedback throughout this process. Further, I would like to thank David Rapp and Sarah Larison for being so supportive, offering detailed feedback, and fostering community within our research class. Finally, I would like to thank my research participants for taking time to reflect on narratives of blame with me.

**Abstract**

The global coronavirus pandemic has dramatically changed the way people and institutions interact with one another. In the United States, there has been an observable and documented increase in xenophobia and a breakdown of social and institutional trust. Consistent with a US history of scapegoating other populations for major crises, the US government primarily blamed China for the origin and spread of the virus. These actions have been discussed in a variety of forums with emerging interest in empirically examining people’s interpretations and understandings of the pandemic. The current project contributes to emerging work by examining the ways in which individual people attribute and form their concepts of blame about and during the pandemic. I interviewed 12 Northwestern University undergraduate students and asked questions about who they blame and why. The data were subjected to grounded analysis and coded for common themes. The analyses provide insight into how narratives of blame are developed and disseminated to the public, and are consumed by the public. This work could have broader societal implications, such as being used to improve health campaigns or support programs designed to rebuild social and institutional trust.

**Introduction**

In the wake of the novel coronavirus, popular media networks and politicians were quick to look for targets of blame for the pandemic. This has been associated, in general, with an eruption of blame- focused discourse. According to psychologists, the act of “blaming” can often be intuitive and automatic, as if driven by an impulsive desire to defend social values (Nadler & McDonnell, 2011). In this way, blaming may serve a social function that involves distinguishing between right and wrong behavior. By holding people, intuitions, or places accountable for the outbreak, it could discourage the incident from repeating because people would be more careful about letting it happen again.

Other than upholding social rules, blame can also serve a social function by being used to exonerate those who are innocent or by offering individuals a means by which to claim innocence. In this way, it bolsters the status of and suggests a degree of protection to the faultless because it establishes that they should not suffer negative consequences. When blame is misused by those in power, often times to target minorities or marginalized populations, the process serves the function of scapegoating. Scapegoating involves the displacement of blame to others in order to reduce guilt or increase a sense of control over the situation (Rothschild et al., 2012). Scapegoating and blaming others is also a way of shifting responsibility, rather than attributing it or having claimed it by the actual party or parties at fault (Lozano & Laurent, 2019). These myriad social functions served by blame have manifest in the ways in which blame has been leveraged throughout the COVID-19 global pandemic. For example, blame has been used during the pandemic to target China, hide the governmental failures of the US, and to justify the extent of the spread within the country.

Identifying specific targets for blame is complicated in the case of a global pandemic, in which the actual or real “bad” actor is not an individual or human population, but a virus. However, the necessary social functions of blame, like determining right and wrong behavior, cannot be met when responsibility is not attributed to a human actor. Further, since blame helps answer the question of “why did this happen?”, people are more likely to blame other people they see as blameworthy rather than the virus itself. If there is no person or institution, no apparent act of agency of volition, then there is no answer to “why”. While the “need” to blame “someone” persists, it drowns out the more valid perspective that the disease naturally emerged and was thus unpreventable. When blame is attributed in the context of a pandemic, it is generally focused on the human actors’ failure to control or manage the spread of the virus or the actors’ contribution to worsening the spread. When a crisis situation requires both communal and global cooperation, blaming is counterproductive and can create new problems and crises, compounding the original one. This is especially true when scapegoating is involved, as responsibility may be unfairly placed on minorities or those with less power.

The world is currently facing a public health crisis, and attributing blame may have harmful effects on social and institutional trust, hampering effective responses and recovery efforts. To understand how these blame processes have played out during the COVID-19 pandemic, this proposed project asks: How do young adults attribute blame during the coronavirus? What are their perceptions regarding blame and response-management during the coronavirus pandemic? And, how aware are they of social and historical factors that may influence their own perceptions? The project intends to examine how people talk about their thoughts and feelings regarding the pandemic, specifically focusing on how they may attribute blame for the coronavirus. To answer these, I conducted interviews with a diverse group of Northwestern undergraduate students. It is important to understand what historical, social, and cultural factors contribute to blaming others for disease transmission in order to rebuild social trust, generate better and more effective ways of response to future crises, and shield marginalized and targeted populations. I hope this research will increase awareness for how narratives of blame are developed and disseminated through the public.

In order to blame validly, one must determine and prove causality, describing exactly how the entity being blamed caused the outcome (Shaver, 1985). However, when a dominant narrative already exists in the media, the need to prove causality seems to decrease. This may be seen in the current context with the case of attributing blame to China for the COVID-19 outbreak. Blaming China for medical outbreaks is not a new concept, but rather the continuation of a prior narrative. Preceding COVID-19, SARS and Avian Flu were attributed to China as well. The US has a history of general suspicion towards the East for posing health risks (Barde, 2003). Following on these past trends, some US politicians were quick to blame China for starting the outbreak. Despite efforts by the scientific community to emphasize that the virus emerged naturally and could not have been prevented, xenophobia towards Asians still increased as part of the blame process and narrative.

The blaming of China is of additional concern, as there has been an alarming increase in anti-Asian discrimination worldwide since the beginning of the outbreak, suggesting that the blaming has led to explicit real- world consequences. The discrimination has manifested in plummeting sales at Chinese restaurants, nearly deserted Chinatown districts, and racist acts against people perceived to be Chinese (Escobar, 2020). NPR Radio has described how their Asian American listeners in the US reported many instances of hostile public transit experiences. Transit passengers often made faces at Asian presenting passengers, actively avoided them, or harassed them by making comments like “Go back to China” (Escobar, 2020). In one example, an Asian American student reported that a man muttered about “diseased Chinese people” after she sneezed into her sleeve on a bus. Racist acts against students perceived to be Chinese have been reported all around the world. In London, a law student originally from Singapore heard someone scream “Coronavirus!” and then was beaten so badly that doctors were considering facial surgery (Lau, 2020). In the Netherlands a Dutch student of Chinese descent suffered knife wounds. From Australia to the US, Asian students have been called slurs, attacked, experienced eviction, and been rejected from medical clinics and classes during COVID (Lau, 2020).

 While it may be too soon to know the impact and extent of the surge in anti-Asian discrimination, there are currently several research projects in progress studying the increase in these coronavirus related attacks. For example, Cary Wu of the University of York is researching whether rising “anti-Asian-looking” sentiment is a result of the coronavirus outbreak specifically or rather a part of existing xenophobia in Western society (Lau, 2020). This research highlights an important reality that xenophobia is deeply rooted in the history of Western cultures. Focusing on the experiences of students specifically in the United States, my research contributes to this body of work, and will integrate the way xenophobia is rooted in the history of the US.

**Background**

*The Origins of COVID-19*

The most commonly conveyed origin story for COVID-19 details the emergence of the virus from a “wet market”, The Huanan Seafood Wholesale market, in Wuhan, China. Coronaviruses are zoonotic diseases, which means they jump from animals to humans, and at these live markets people are in close contact with live and dead animals, some of which may include illegal wildlife (Woodward, 2020). This account seemed credible because the novel coronavirus was very similar to the earlier SARS disease which was also believed to have emerged from a “wet market” in China (Ellis, 2020). Discourse surrounding these markets, following a reported connection to COVID-19, has centered around their poor sanitation, legality and regulation, and use to attribute blame to China for starting the global pandemic. Media outlets frame the issue in a way that insinuates that China is a “breeding ground” for disease, as seen through articles like “Why new diseases keep appearing in China” (Ellis, 2020). However, this rhetoric can spread fear and increase stigma towards Asians by associating poor sanitation with a population of people. Rhetoric can feed stereotypes towards Asians by insinuating that they are “dirty,” more susceptible to disease, or that their culture is to blame. Like Ellis’s article, Woodward’s article published in *Business Insider* also fails to emphasize that wet markets exist in parts of the world other than China and carry the same risk of disease (Woodward, 2020).

Recent research suggests that COVID-19 did not originate from the live animal market, but rather that it existed long before it was found at the market in Wuhan. According to a paper written by Chinese scientists and published in *The Lancet*, 14 of the first 41 confirmed cases of coronavirus had no identifiable exposure to the Huanan seafood market (Huang et al., 2020). Even the earliest case identified on December 1, 2019 did not have any connection to the live animal market. The scientists explained that other types of coronaviruses likely originated from bats, but more intensive studies are necessary to determine the origin of COVID-19 with certainty.

Peter Forster, a geneticist at Cambridge identified 3 strains of COVID-19, with strains A and B appearing to be the earliest in circulation. In a surprising finding the strain with the closest genetic similarity to bat coronavirus was not the one most prevalent in Wuhan, but rather a scattering of early cases found in the southern Guangdong province (Beaumont, 2020). This provides more evidence to suggest that the virus did not originate from Wuhan. While public discourse is quick to blame China and Wuhan’s wet market for starting the pandemic, the origin of the disease is unclear and its emergence was likely out of people’s control.

*Xenophobia Perpetuated in Media and Politics Through Coronavirus Discourse*

Origin theories used to justify blaming China may be more useful for political gain than for progress combating the pandemic. The media is riddled with both subtle and explicit discourse about China “causing” the disease (Jia & Lu, 2021). This ranges from President Donald Trump directly referring to the novel coronavirus as the “Chinese disease” to right wing politicians accusing China of bioterrorism. The development of the lab origin theory of the disease exemplifies how xenophobia has been perpetuated in the media and politics.

On January 26th, 2020, *The Washington Times* published an article headlined “Coronavirus may have originated in lab linked to China’s biowarfare program,” which spread globally. The article claims that Dany Shohan, a former Israeli military intelligence officer, who has studied Chinese biological warfare, said the institute is linked to Beijing’s covert bio-weapons program (Gertz, 2020). In February, the rumor that COVID-19 originated in a lab gained traction with prominent Republicans (Brewster, 2020a). Senator Tom Cotton became the first high profile US politician to raise the possibility that the disease originated in a Wuhan lab (Brewster, 2020b). While admitting that there was no evidence, he suggested that it was necessary to ask Chinese authorities about the possibility.

His actions were criticized for fanning the embers of a conspiracy theory that was debunked by experts (Firozi, 2020). *The Washington Post* found that experts like Richard Ebright, a professor of chemical biology at Rutgers University, were quick to dismiss Cotton’s claims by stating, “There’s absolutely nothing in the genome sequence of this virus that indicates the virus was engineered...The possibility this was a deliberately released bioweapon can be firmly excluded” (Firozi, 2020). In February, a statement in *The* *Lancet* made by 27 prominent scientists outside China and a report published in *Nature Medicine* by 5 prominent scientists both condemned accounts that suggest COVID-19 does not have a natural origin (Calisher et al., 2020). They explain that laboratory origin scenarios are not possible and the research overwhelmingly concludes that the virus likely originated from wildlife (Brewster, 2020b). Even the Washington Times updated its original article to include a note that scientists concluded the virus does not show signs of being manufactured or purposely manipulated in a lab (Gertz, 2020).

Despite a solid amount of evidence against the lab origin theory, Cotton continued noting different scenarios in a series of tweets, including a man-made virus theory and a lab accident (Brewster, 2020b). He also later wrote an op-ed in the *Wall Street Journal* in April that claims that while the Chinese government denies the claims, their “actions” tell a different story. He suggested that Wuhan researchers travel to caves across China and capture live bats to study viruses, thus leading to the capture of a bat with COVID-19. He also argued that he has been criticized for “deliberately trying to mislead people” (Cotton, 2020). His op-ed influenced governmental officials to seriously consider that the virus may have intentionally or accidentally been released from a lab, rather than as a man-made bioweapon.

Rather than dispel these false theories in April by using the scientific evidence available, CNN, Fox News, and President Donald Trump all reported that government officials were “investigating” the claims that the virus was released from the lab accidentally as scientists were studying infectious diseases, though they did indicate that intelligence officials do not believe the virus was man-made or developed as a bioweapon (Brewster, 2020b). By not dispelling these theories immediately, they insinuated that there could be truth to the claims. The director of the Wuhan lab, Yuan Zhiming, denied any link between the virus and the lab, and Dr. Anthony Fauci also reiterated, during a briefing, that the virus’s mutations are consistent with a transmission from an animal to a human (Brewster, 2020b). *The New York Times* reported that senior Trump administration officials, led by Secretary of State Mike Pompeo, pushed US spy agencies to uncover evidence linking the lab to the origin of the outbreak even though most agencies remained skeptical. This led to worries that governmental pressure would lead to distorted assessments about the coronavirus to be used as justification for the escalating tension with China (Mazzetti et al., 2020). The Inspector General of the Intelligence Community released a statement saying that the intelligence community agrees with the scientific consensus that the virus was not man made or genetically modified, but that they would continue to examine new information to determine if there was an accident in the laboratory at Wuhan (Brewster, 2020b).

Without giving specifics, in early May, President Trump and Secretary of State Mike Pompeo both confidently stated that they believe the virus came from a lab in Wuhan (Brewster, 2020b). They claimed to have significant evidence against China but have not publicly released anything. Pompeo also added that he could not say whether or not the virus was intentionally released by the lab in Wuhan because the Chinese have refused to cooperate with world health experts; he accused China of not giving the US access to the Wuhan Institute of Virology to test if the disease originated there (Hansler et al., 2020). These accusations stunned Chinese officials as they responded forcefully against Pompeo’s claims in a government-controlled newspaper in China (Brewster, 2020b). Pompeo later limited his statements slightly by saying that he doesn’t have full certainty. The Director of the Wuhan Institute of Virology said that the theories are fabricated and that the strains of bat coronaviruses being tested in the lab did not match COVID-19 (Brewster, 2020b). Dr. Fauci made another statement in which he doubted that the virus could have escaped the Wuhan laboratory and that all signs indicate that the virus evolved in nature and then was transmitted to humans (Akpan & Jaggard, 2020).

The development of this origin theory began around February and continued well into May. Despite all of the evidence to support a natural emergence of the disease, and the lack of substantial evidence to support the lab origin theory, nearly 30% of Americans believe that the virus originated in a lab (Brewster, 2020a). According to another poll from the Pew Research Center, Fox News viewers were much more likely than MSNBC viewers to believe the virus originated in a lab, as opposed to from wildlife (Brewster, 2020a). This could suggest that different news outlets report on the same issues with different biases, which then influences viewers to develop different points of view. Alternatively, this could also suggest that viewers are more willing to contemplate different possibilities and seek out news sources that support their views.

The progression of this origin theory in politics and media illustrates how China has become a target for Trump, other Republicans, and people in general looking to cast blame for the crisis in the United States. The Trump administration has been criticized for their own response to the pandemic, and the theory that the virus spread from a lab offers a way to change the subject (Brewster, 2020a). They seem to be blaming another country to deflect from their own shortcomings that led to worsening of the pandemic. Considering that Trump and Pompeo have yet to produce evidence to support their claims, it is inappropriate to continue to claim that the virus originated or spread from a Chinese lab. Blaming China has been emphasized in the media and this blame may have influenced xenophobia in the American people.

*Attributing Blame During Outbreaks*

The CDC website directly answers the question of “Why might someone blame or avoid individuals and groups (create stigma) because of COVID-19?” They describe how the fear and anxiety about contracting disease can lead to social stigma against those living in areas with high disease rates, people who have traveled internationally, people who were in quarantine, or even healthcare professionals. This stigma can also be directed against a place or nation due to a need to blame someone, fears about disease and death, and gossip that spreads rumors and myths (CDC, 2020). The CDC warns that stigma creates fear and anger towards ordinary people rather than focusing on the disease causing the problem.

 The CDC website also includes a note at the top of their “Reducing Stigma” page that states, “It is important to remember that people – including those of Asian descent – who do not live in or have not recently been in an area of ongoing spread of the virus that causes COVID-19, or have not been in contact with a person who is a confirmed or suspected case of COVID-19 are not at greater risk of spreading COVID-19 than other Americans” (CDC, 2020). This note could have been added because Asian Americans in the United States are being targeted as if they are more susceptible to disease. The narrative of blaming China for the pandemic that is perpetuated by the media, combined with individuals’ fear of contracting the disease, has likely contributed to the observed increase in discriminatory acts toward Asian Americans (Jia & Lu, 2021). The need to blame someone is driven by fear, as seen on an individual level through stigma, and on a broader level through the political actions of the Trump administration.

The novel coronavirus is not the only instance of populations being blamed for disease outbreaks or crisis situations. There are other historic examples of attributing blame that were similarly unproductive and created more harm than good. Blaming the marginalized in society historically served the purpose of explaining disease in a way that conformed to the world view of the majority (Chamberlain, 2020). It was a way to rationalize and seemingly bring order to the world during a crisis. The groups that get blamed often experience this as a result of underlying social or political tensions, so no matter how apolitical diseases seem, the way diseases are framed become political (Chamberlain, 2020).

In the US, marginalized populations have often been historically blamed and targeted for societal challenges. One exemplar case is the 1832 cholera epidemic in New York City in which Chinese immigrants were blamed. When cholera arrived in New York, the rich cleared out of the city and left the poor to suffer in the crowded living spaces that formed the perfect environment to spread the disease. People quickly argued that the disease was “almost exclusively confined to the lower classes of intemperate dissolute and filthy people huddled together like swine,” as historian Charles Rosenberg argued in his seminal work, *The Cholera Years* (Rosenberg, 1959, p.42). Rather than blaming the inequality of living conditions, racist panic towards the Chinese immigrants led the public to blame the immigrants themselves. During this time religion was used to justify disease, by claiming that it was God’s “intention” for certain people to be sick, and it was thus assumed that those affected by illness were deserving of it (Rosenberg, 1959). The poor were seen to inherently possess qualities that predisposed them to economic failure and become more likely to contract disease. By associating disease with the Chinese immigrants and insinuating that they were inherently dirty, immigrants were socially labeled as carriers of disease. A cultural argument was put forward that these immigrants preferred to live in “filthy” conditions and were ultimately less civilized than white Americans. These popular sentiments that associate minorities with disease, highlighted by the 1832 cholera outbreak, are racist because from an epidemiological standpoint no racial group of people are more prone to infectious disease than another. Thus, claims about race and disease can have dangerous repercussions including but not limited to an increase in xenophobic hate acts or racist policies.

A plague outbreak in the early 20th century is another example. When the plague appeared in San Francisco’s Chinatown, it exacerbated the already negative ideas circulating about Chinese people (Chamberlain, 2020). Chinese people were blamed for the spread of the plague and singled out as carriers of the disease. Racism against this Chinese population existed prior to the plague as they were seen as racially inferior. Economic fears also led to attributing unemployment and declining wages to Chinese workers. The plague amplified these sentiments by not only blaming them for economic failures, but also disease (Chamberlain, 2020).

The idea that immigrants and minority groups are “dirty outsiders” existed even before this cholera outbreak in the 19th Century and has been invoked when casting blame during other historic outbreaks and other societal challenges (Barde, 2003). For example, during the AIDS epidemic the LGBTQ community was blamed, and homosexual men were often perceived as “diseased.” A man named Michael Penn, who lost his partner Brian to AIDS in the 80s, recalls his experiences of people being suspicious of gay men on the street, and others being afraid to share drinks with him for fear of infection (Gander, 2017). For a while it was assumed that AIDS could only infect homosexual men, just like it was assumed that cholera could only be contracted by the poor in 1832, with AIDS even referred to as the “gay plague” (Gander, 2017). A lack of swift government action in providing care for those infected resulted in high death tolls amongst homosexual men in the 1980s.

Other than being blamed for illness, immigrants and minority groups are also often blamed for social problems (Barde, 2003). As another example, in today’s society, Latinx populations are often blamed for crime rates and the drug epidemic despite a breadth of statistics that indicate otherwise (Kimble, 2019). They are labeled “criminals,” likely because they are a part of a minority group being used as a scapegoat for societal shortcomings that contribute to crime. President Donald Trump even used this stereotype to justify his plans to build a border wall between the US and Mexico. Rather than assume responsibility, the authorities, organizations, and individuals might choose to displace blame onto marginalized populations and use this blame to justify racist, xenophobic, and discriminatory policies.

Regarding the issue of the coronavirus, the US government has cast blame onto China and emphasizes this blame through politics and media. Similar to how cholera was referred to as “the Oriental Cholera” in 1832, President Trump referred to the novel coronavirus as the “Chinese Virus,” and, although he denies it, that naming is deeply racist. Much of public discourse about the novel coronavirus has included anti- Asian rhetoric. Some conservative commentators have used the media to suggest that COVID-19 is a “biothreat from China” that was intentionally created in a lab and have also used the term, “the Chinese virus” (Lanham, 2020). Some conservative politicians have blamed Chinese “culture” and diet for the disease. Racialized discourse is not limited only to voices on the right; Vox, a popular liberal news site, published a video trying to explain “Why New Diseases Keep Appearing in China” (Ellis, 2020). The video suggests that China is home to such outbreaks because the population consumes wildlife from wet markets, but fails to emphasize that these wildlife markets exist around the world, not just in China. It is crucial for health policy workers to study the social and economic conditions that generate disease (which the video discusses) and make recommendations to improve those conditions. However, framing the issue around China specifically adding more than its “fair share” of global disease moralizes and places blame on the issue, and allows for many assumptions to be made about race and culture (Lanham, 2020).

**Review of Literature**

*Blame and Attributing Responsibility*

 Moral psychology is an interdisciplinary field that aims to answer questions about how norms and values influence judgement and behavior (Malle et al., 2014). One element of moral psychology is “blame”. According to Malle, Guglielmo, and Monroe’s Theory of Blame, blame has four properties that distinguishes it from other phenomena like anger, event evaluation, and wrongness judgments (Malle et al., 2014). The first property is that blame is both cognitive and social. Cognitive blame can be driven by emotion and involves a private and personal mental process that leads to blame judgments. Social blame is more guided by goals and norms and involves expressing blame judgements to another person. The second property is that blame is used for social regulation. Blaming and praising people is a way to uphold social values, stay in line with community interests, and sustain social relations (Malle et al., 2014). Social psychologists suggest that blaming can be intuitive and automatic, as if driven by a natural impulse to defend social values (Nadler & McDonnell, 2012). The third property is that blame relies on social cognition (Malle et al., 2014). If blame’s primary function is to regulate behavior, the judgement tends to be directed at a person who is perceived to have violated a norm or caused the behavior. Social cognition, which includes concepts that help make sense of human behavior, may help determine criteria for assigning blame. For example, people are more motivated to think of an action as blameworthy, causal, and intentional when the target of blame is a person or entity that they associate with bad character or negative attributes, even if that character information is unrelated to the action being judged (Nadler & McDonnell, 2012). Personal motives, like the desire for reparations, or personal perspectives, like viewing the subject of blame as inherently bad, can influence the attribution of blame (Shaver, 1985). Finally, the forth property is that blame requires warrant. Blame is used to criticize or even devalue the target of the blame, so for blame to remain socially acceptable and valid, the blamer must offer some grounds for why blame is being rightfully attributed (Malle et al., 2014).

 There are many complications that can arise when attributing blame. One complication is “the blame game” which involves people continuously accusing others of wrongdoing while deflecting or denying their own fault. They may offer unfounded warrants for their blame which can result in unjustified blaming. When one group is in power, the norms of blaming may be distorted as certain “others” are singled out as targets of blame. This technique is a process of scapegoating, and it has the potential to unite the group doing the blaming against the group they intend to hold accountable for negative events (Malle et al., 2014).

*Media, Power, and Narratives of Blame*

Searching for someone to blame is part of the process of responding to any disaster. In response to the coronavirus pandemic, conspiracy theories and misinformation offering explanatory frameworks have been circulated in both traditional and social media platforms (Atlani-Duault et al., 2020). These theories often tend to revolve specifically around the origins of the virus. One explanation that has received considerable attention is the lab origin theory. A study by Bolson, Palm, and Kingsland found that beliefs about the origin of COVID-19 can shape people’s attributions of responsibility for the pandemic, support for distinct policy responses, and willingness to engage in prosocial actions to reduce the spread of the virus (Bolsen et al., 2020). The origin theory a person believes in corresponds to the framed messages the person was exposed to. Framed messages are interpretive storylines often disseminated through the news that sets a specific train of thought in motion and can influence people’s perceptions. The results of the study indicated that exposure to conspiracy theories reduced willingness to engage in prosocial actions to reduce the spread of coronavirus (Bolsen et al., 2020). This is significant because it highlights the “downstream” consequences of exposure to conspiracy rhetoric and identifies a link between perceptions of blame and behavior that influences population health.

 Conspiracy theories are just one way to influence behavior. Another way involves public actors attributing blame to each other in the media. Due to the known effects of how media framing can influence perceptions of blame, actors in the public arena often play the “blame game” to deflect, deflate, or diffuse blame for negative events (Taylor, 2008). They do this to save face and avoid being seen as the cause of harm by the public. A study by Taylor looks at how formal differences in news presentations may affect viewers attribution of blame, support for agents in the news, and policy preferences. Developing an understanding of how subtle cues in the media affect personal views through their influence on causal attribution is important because it establishes how public actors can use the media to influence people’s attributions of blame. Agents in the news, journalists, and other actors can employ these “cues” and whether or not they are being used inadvertently, they can still influence public perception significantly (Taylor, 2008).

 When trying to identify targets of blame, those in power have more control of the media, and thus have more control over the narrative. This could be why during the COVID-19 pandemic, minorities or groups labeled as the “other” tend to be blamed more often. When analyzing the history of pandemics, trends suggest they can either bring societies together to unite against the virus or trigger violence and hatred towards those perceived to be the vectors of virus transmission (Cohn, 2012). Cohn presents many examples of pandemics that were solved through public cooperation and that didn’t involve scapegoating marginalized groups. He posits that this could have been due to a lack of health knowledge at the time which resulted in most diseases being seen as mysterious. After improvements to laboratory sciences demystified disease, only new viruses that emerged were considered “mysterious”. He suggests that this demystification could be why the AIDs epidemic sparked more social violence than did the Black Death in Italy in the 1300s. The notion that pandemics have the possibility either unite a population or divide them is interesting because in regard to the ongoing coronavirus pandemic, countries that are less divided have had better health outcomes and disease management (Rieger & Wang, 2020). Considering that the main takeaway from Cohn’s article is that it is difficult to predict which outbreak will cause “othering” and violence towards marginalized communities, it is worth further examining why the COVID- 19 outbreak led to an increase in Xenophobia and blame towards China. There is precedent to consider the effects of the media disseminating blame narratives from those in power while overlooking the voices of the marginalized.

 The most prevalent narratives of blame tend to be influenced by power and privilege. A study by Kapiriri and Ross (2020) discussed how politics and power can shape narratives using powerful institutions that assert particular narratives, often marginalizing certain populations. These narratives are pushed to frame policies, publications, interventions, and funding agendas, while the narratives of the marginalized groups are overlooked. Two cases where power driven narratives were prevalent that are worth noting include the SARS outbreak in Toronto and the Ebola outbreak in Liberia. In Toronto, some literature attributed responsibility to the Canadian health care system and criticized the system’s unpreparedness to manage the outbreak, but most literature reported on blame attributed to the Asian- Canadian community for “bringing” the outbreak. In Libera, Liberian culture was blamed for both causing the epidemic and interfering with control measures. This blame overlooked other influences that promoted the spread of Ebola and instead exoticized culture and traditions to attribute responsibility. The trends of blaming “outsiders” for “bringing” the virus and blaming “exotic” cultural practices for exacerbating the spread can both be seen in COVID- 19 blame narratives. Blaming marginalized groups ultimately exacerbates a vulnerable population’s experience of oppression (Kapiriri & Ross, 2020).

 The ways in which and to whom the media places responsibility during health crises are important components of messaging to the public and influencing public behavior (Thomas et al., 2020). The framing of responsibility can be seen as a form of sense-making and coping mechanism for individuals, and by placing responsibility for a pandemic, the media is able to mediate public behavior to panic. Media can do this by inducing a sense of otherness which has the effect of reducing fears by framing fears as distant. However, while blame is a commonly used tool to influence behavior, it can also lead to stigmatization or persecution of an affected group. A study by Thomas et al. (2020) investigated where the media placed responsibility for COVID-19 in Australia. It was found that the Australian media remained mostly objective when reporting on COVID-19, except that China was often reported as the origin of the virus. It is possible that blame narratives were low due to Australian media’s low perceived risk of COVID-19 following effective disease management strategies. This suggests that there was no need for explicit blame narratives because public panic was low.

Unlike the US response to COVID-19, Australia’s response was largely praised for its effectiveness and successful avoidance of high mortality rates, contrasting with many other first- world nations including the US and UK (Thomas et al., 2020). A major reason for the effective response was the public’s 80-90% compliance to guidelines, which would not have been possible without influential media messaging. Media messaging impacts public compliance to COVID-19 safety guidelines through public trust of the media and the ease with which the public can determine personal risk from media messages. This suggests that if the public trusts the media and is shown information to help them understand the risks associated with COVID-19, they are likely to comply with suggested health protocols (Thomas et al., 2020). This highlights the importance of public trust towards the media and scientific institutions and its direct correlation with compliance to health guidelines.

*Perception of Governmental Response to Disasters*

The ways in which people perceive the government could influence whether, how, and to whom they attribute blame. Negative perceptions of the government could result in more blame being placed on governmental actors and representing a lack of trust in the government and their policies. Thus, how the public perceives the government can be critical to influencing public compliance to health protocols and the overall health outcome of the nation.

Perceptions of how effectively governments are responding to COVID-19 can affect people’s willingness to comply with government doctrines and suggestions (Lazarus et al., 2020). For this reason, it is important to understand how the government is being perceived in order to improve public cooperation. The degree of public compliance with government policies and prevention recommendations can greatly affect the course of the pandemic. Trust and positive perceptions of the government have been correlated with willingness to adopt protective behaviors during other health crises like the 2009 H1N1 pandemic and the 2014-2016 Ebola epidemic. Research by Lazarus et al. (2020), using a COVID- SCORE instrument, that asked respondents to rate key aspects of their government’s response to the pandemic, and reported findings on public perception in 19 countries greatly affected by COVID-19. The instrument was found to be both reliable and unidimensional. Effective control of COVID-19 required governments and their constituencies to engage in mutually trusting relationships. Government and public health leaders need to understand how the population perceives the effectiveness of government responses to COVID-19, as it is essential for identifying potential obstacles to achieving disease control objectives (Lazarus et al., 2020).

The way people perceive the government’s response to disaster impacts their feelings of trust towards the government. How much people trust their governments in handling the pandemic is mostly related to the perceived amount of action taken by the government. By using an online survey in more than 170 countries, Rieger & Wang, (2020) found that on average, participants who perceived stronger governmental measures being implemented also had more trust towards the government. Two other factors the study discussed were the perceived number of deaths in the country and the freedom of press. The research found that the higher the perceived number of deaths, the lower trust participants had towards the government, and with the more freedom of press, participants reported lower trust towards the government. These findings suggest that the public’s increased perception of the severity of the COVID-19 situation, perceptions of low or ineffective government action, and freedom of press contribute to a loss of trust towards the government. It is interesting that stronger governmental action and press censorship was correlated with increased trust towards the government, especially since this is generally associated with more authoritarian government systems (Rieger & Wang, 2020). Though this was not measured by the study, an alternative explanation could be that members of an authoritarian nation experienced a greater reluctance to criticize the government that is manifesting in expressions of trust.

Understanding who local “heroes” and “villains” during a public crisis are can help public health workers create more targeted and effective health campaigns (Atlani-Duault et al., 2020). Research during the Ebola and H1N1 influenza epidemics suggest that gathering online data on local perceptions can potentially help authorities develop targeted health communications. Atlani-Duault et al. (2020) argues that the dynamics of heroization and the creation of “figures of blame” are particularly useful. Following the phenomenon of moral panic, searching for someone to blame is part of the process of making sense of disaster. One form of blame attribution involves conspiracy theories and misinformation circulated on social media. Tracking the dynamics of these blame narratives is important in order to correct or respond to online scapegoating. Unlike attributing blame, attributing a “hero” status is the investment of hope and trust in a context of risk and unease. Analyses of heroization during the Ebola epidemic suggested that heroic status was often placed on ordinary individuals or community members rather than on altruistic foreigners. What specifically constitutes a hero during a crisis can be nuanced and context specific which is why it requires additional research. Some examples of heroes include whistle-blowers who may alert the public about something significant, and health workers who generate essential information or risk their lives for others. The way blame and hero status is attributed can be seen playing out in the current COVID-19 pandemic, and if better understood by public health workers, could be used to design more effective health programs (Atlani-Duault et al., 2020).

 Considering that stronger governmental action increased trust with the government, the question arises: Are authoritarian governments better equipped for handling the pandemic? The article by Kavanaugh (2020) questions if there is an authoritarian advantage in tackling outbreaks. He outlines both the positive and negative aspects of an authoritarian government’s ability to control a pandemic, drawing specific examples from how China responded to COVID-19. China’s response, involving rapid decontamination of the suspected outbreak source, unprecedented quarantine efforts, and two 1000 bed hospitals built in two days, reflects a level of control only available to authoritarian governments. The WHO recognized China for setting a high standard for outbreak responses. Conversely, Kavanaugh argues that authoritarian governments can face serious challenges in information and accountability. Due to the nature of closed political systems, without open media and opposition parties, the government may struggle to receive accurate information quickly and convey this to the public or may intentionally choose not to share accurate information with the public. The political institutions in China provide incentives to local officials to avoid sharing bad news and take more time before acting. Since time is often key to controlling outbreaks, getting good information on time can reduce outbreaks even before emergency measures are necessary. This analysis highlights the importance of communication in any governmental system and the importance of prioritizing public safety over politics, whether that be in a democratic or authoritarian system (Kavanagh, 2020). Communication between governmental actors and local institutions, communication between the media and public, and communication between international governments are all important aspects of mitigating the effects of a global pandemic.

Some positive outcomes in authoritarian countries (like China and Singapore) and instances in which leaders utilized the health crisis in order to claim emergency powers and strengthen their political position (like in Hungary and Israel) have led to a global “democracy crisis” and more questioning of the efficiency of democratic political structures. The idea that there a current “democracy crisis” has emerged from recent critiques of democratic institutions by the Institute of Democracy and Electoral Assistance, Varieties of Democracy, the Centre for the Future of Democracy, the Pew Research Centre, and Freedom House who have all published reports. A study by Flinders (2020) explored the link between COVID-19 and the crisis of democracy through three inter-related themes: trust, blame, and understanding. The research aims to show how challenges posed by the coronavirus have become interwoven with concerns regarding the performance and capacity of democratic systems all over the world. The frustration concerning politicians, political processes, and political institutions that existed before the outbreak influences how the government is judged in terms of how they responded to the crisis. Flinders warns that in order to stop this crisis of democracy, the fragility and significance of public trust must be appreciated, the pathological impacts of “blame games” must be recognized, and the benefits of individuals and institutions working together to address a collective threat must be understood.

In the US, the political party system affects how people perceive government actions. Singer et al. (2020) studied how actors in media and politics shaped public opinion during the recent Ebola virus outbreak and the Zika outbreak using a retrospective analysis of media coverage, Congressional floor speech, and public opinion polls. The authors argue that politics, rather than the disease itself, complicated the US response to each of these outbreaks. They found that public opinion of both outbreaks initially followed partisan patterns, which meant that public opinion was dependent on one’s political party. For example, during both the Ebola and Zika outbreak, republicans and conservative media shifted blame to President Obama and viewed him as responsible for policy failures. The nature of politics plays a role in how public health issues become politicized. This study highlights the importance of understanding the connections between political parties, communication between officials, and how the nature of a disease outbreak shapes the public’s views of health emergencies. It is also worth noting that conflicts in party politics often lead to ineffective or inadequate responses to disasters (Singer et al., 2020).

Extreme political polarization affects how issues are politicized, and makes it more possible for non-partisan issues, like mask wearing, to become partisan (Druckman et al., 2020). People’s dislike and distrust of those from the opposing party, also referred to as affective polarization, has reached historically high levels in the US. This means that the US is much more divided than it is united against any cause, reflecting a breakdown of social trust. In today’s society, partisans go as far as to avoid interacting with people from the opposing party, and partisanship can affect many apolitical aspects of one’s life such as friendships and romantic lives. Druckman et al. (2020) argues that people who present with high affective polarization are more likely to politicize apolitical issues and actors, and affective polarization also plays a major role in shaping individuals’ policy beliefs. They measured affective polarization before the emergence of COVID-19 in order to determine partisan animus and beliefs about the pandemic. Partisans who had high levels of enmity towards the opposing party did not differentiate the US response from the response of the Trump administration. Less affectively polarized individuals were less likely to politicize evaluations of the country’s response to COVID-19. While not all polarization and political beliefs can be attributed to opposing parties’ animosity towards each other, affective polarization does have some influence on political views (Druckman et al., 2020).

*Loss of Faith in Institutions & Breakdown of Social Trust*

 Public trust in medical, scientific, and political authorities is crucial for fostering public compliance to guidelines. Following the H1N1 outbreak in 2009, public trust in medical and political authorities emerged as a new predictor of compliance with officially recommended protection guidelines. A two-wave longitudinal survey of adults in Switzerland showed that trust in medical organizations actually predicted an individual’s vaccine status 6 months later during the H1N1 pandemic(Gilles et al., 2011). Trust in medical organizations and beliefs about health issues (perceived vulnerability to disease, perception of threat level) predicted the perceived efficacy of officially recommended protection measures like getting vaccinated, washing hands, wearing a mask, and sneezing into the elbow. The findings from this study indicate that trust is a major determinant of vaccination behavior and stresses the importance of fostering trust when implementing disease management campaigns (Gilles et al., 2011)

 The success of lockdowns relies on individuals and communities trusting and adhering to advice from scientists, politicians, and law enforcement, while ignoring disinformation and conspiracy theories (Sibley et al., 2020). However, the pandemic can affect the extent to which people trust institutions. For example, when people face a shared external threat (the pandemic) they may reflexively increase their trust in institutions because they look to leaders for guidance and there are few other options. This is consistent with the source model of group threat which suggests that when groups face external threats, they respond by tightening ingroup ties (Greenaway & Cruwys, 2019). In contrast, people can also respond to external threats with suspicion that can lead to the development of conspiracy theories about the nature and causes of those threats. Sibley et al. (2020) aimed to provide survey data on the immediate effects of the pandemic and lockdown efforts on social attitudes and health and wellbeing by comparing matched samples of New Zealanders assessed before and after the lockdown. The study found that people in the lockdown group reported a higher trust in institutions and higher levels of patriotism. The findings suggest that a strong national response to COVID-19, as seen in New Zealand, may increase national attachment and increase trust in institutions enforcing lockdown guidelines. Compliance with leaders is more likely when they build a shared social identity and foster fellowship. The absence of a strong governmental response that bolsters national attachment, like in the US, may provide grounds for division, lack of adherence to guidelines, and conspiracy theories (Sibley et al., 2020).

**Methodology**

*Participants and Setting*

The population being examined in this study were English speaking, undergraduate students at Northwestern University. I limited participants to Northwestern to control for some of the variability of experiences during the pandemic. While each individual had unique experiences shaped by their personal circumstances and whether or not they chose to/ were able to be in Evanston during all of part of the 2020-2021 academic year, they all experienced the same constraints and structure around schooling during the pandemic, were a part of a common community throughout the pandemic, and were a part of the same community/ institutional/ educational setting before the pandemic.

Students under the age of 18 and students currently residing outside of the US were not eligible for participation. All Northwestern students who met the eligibility criteria were considered for inclusion in the study. 12 participants were recruited for this study. This number of participants is large enough to ensure that various perspectives can be taken into account, and small enough to remain manageable considering the time constraints of this project. I recruited participants by posting in Northwestern class Facebook pages and on Instagram, reaching out to a range of organizations on campus, and contacting students individually through personal social networks. I reached out to referred potential participants directly through text, email, Facebook messenger, or Instagram messages. All students who expressed interest in participation were asked to confirm that they met the eligibility requirements of the study.

            Due to the ongoing COVID-19 pandemic, all interviews were conducted online through the Zoom application. The location of each participant varied based on where they were at the time, however, participants were instructed to complete the interview in a location that ensured their privacy while speaking. I conducted all interviews from a quiet, private location in my home to ensure anonymity and privacy of participants. I anticipated that my participants would be from different states in the US. Students outside of the US were not selected for participation because they did not share a common cultural context with the other participants. Experiencing the cultural context within the US during the pandemic was important for my study.

 Before a participant was interviewed, they were asked to fill out a brief demographic questionnaire. The first question asked about racial identity; 5 participants were White, 3 participants were Indian, 3 participants were East Asian, and 1 participant was mixed (Asian and Native Latino). The next question asked about gender identity; 8 participants identified as female, 3 identified as male, and 1 identified as non- binary/ demi-girl. The third question asked about sexual orientation; 8 participants identified as heterosexual, 2 participants identified as queer, 1 identified as pan-sexual, and 1 identified as having no label. The fourth question asked about socio economic status; 6 participants were upper middle class, 4 participants were middle class, 1 participant was lower middle class, and 1 participant was low income. The fifth question asked about political affiliation; 11 participants identified as left- wing (liberal, democrat, and progressive included), and 1 participant did not have any political affiliation. The sixth question asked about any disabilities; 2 participants reporting having a disability, one of which specified that that was anxiety and depression. The seventh question asked for the student’s year at Northwestern; 8 participants were 4th years and 4 participants were 3rd years. No first years were considered for this study because they did not have at least a year’s worth of experience with in-person learning at Northwestern and thus did not experience the culture of the NU in-person community. The specific demographic characteristics that I asked about were relevant to note because they made up significant parts of a participant’s identity, and an individual’s identity played a role in personal experiences during the pandemic.

*Data Collection and Procedure*

Interviews took place via Zoom during the winter of 2020 and into the spring of 2021. Interviewing participants is the most appropriate method for learning about perceptions regarding blame and management because it allows people to self-report their feelings and their understandings of the virus. When the Zoom call began I asked for consent to record, waited for the participant to give consent, and then began recording. I explained the purpose of my research in more detail and then read out the verbal consent. I reassured the participant that any question could be skipped and the interview could be ended at any time. After the participant verbally consented and I answered any questions they may have had, we began the approximately 1-hour long interview. I asked questions from my interview protocol, but I also asked follow up questions based on participant responses. When the completed interview was finished, I ended the recording, offered to send the participant a copy of the interview transcription or offered to send them a version of my final research, and ended the zoom call.

All participants received compensation within a week after completing the interview. Participants received $10 as compensation for completing the interview, and the payment method was by Venmo, unless the participant preferred to be mailed a Starbucks gift card.

Audio and visual recordings of interviews were required to participate in the research project. Audio recording was required in order for Zoom to be able to process the audio and create a written transcript. This was essential for me to properly analyze the data collected during the interview. Taking notes on the subject’s answers would not on its own comprehensively cover all the data collected from their answers. Video recording was required so that I would be able to observe non-verbal behavior during the interview. Having a participant’s camera off during the interview would have made it impossible to determine body language. Recorded interviews were transcribed through the zoom application. The transcript was then transferred to a google document, and I corrected any transcription mistakes by hand. After transferring to a google document, I changed the name of the participants and removed personal identifying information that was not relevant to the study.

*Data Collection Instruments*

My interview protocol includes 2 major sections: Background Info/ Personal Life and Targeted Questions. The Personal life section asked questions about how the individual was personally affected by the pandemic, and it aimed to understand how personal experiences may impact attributions of blame. The Targeted section more directly asked questions about the origin, spread, and management of the pandemic. This section aimed to understand how individuals feel about the government and society in terms of attributing blame. Since these were semi-structured interviews, not all subjects were asked all questions. Questions may have been dropped based on the relevance/ lack of relevance to the individual subjects and subjects were asked probing follow up questions. The interview protocol found in the appendix covers the range of likely questions that subjects may have been asked.

*Data Analysis*

To analyze the data, I used a grounded theory approach (Strauss & Corbin, 1994). By using this approach, the research question itself changed and became narrower as more research was completed. Data collection and analysis took place simultaneously with hypothesis development and testing occurring throughout the research process. After each interview, the data were analyzed and brought into conversation with the research question though the completion of an analytic memo. The analytical memos served as preliminary analysis and occurred during data collection. The memos were completed to distill patterns or themes from the interview data and develop a hypothesis or theories to better understand the data. Depending on what information was learned, the research question and interview protocol was revised. As more interviews and analytic memos were completed, I looked for information that both supported and contradicted the hypotheses to see if the subjects shared similar viewpoints and have had similar experiences.

Per the grounded theory mode, after data collection, the first step in formal analysis is open-coding. I did a close line reading of everything the interview subject said in order to identify patterns and themes in the data. Open coding is descriptive rather than interpretive, so only patterns and themes were identified. After open-coding, I developed a coding scheme using the open codes. A coding scheme was made by grouping the open codes into themes. Within these themes I identified sub concepts that made up the themes, and under the sub concepts I identified examples of individual phenomena that happened as illustrations of those sub concepts. After building the coding scheme, I returned to my collected data and completed focused coding. Focused coding involves going back through the interview transcripts and looking only for constructs defined within the coding scheme. This process allowed me to engage in interpretive analysis and find examples for the thesis process.

**Findings**

Three major themes were identified in the experiences of the Northwestern students in making meaning of the COVID pandemic. I named these themes: 1) Managing the Self During COVID-19, 2) Forming Personal Views, and 3) The Concepts of Blame During COVID-19. I ultimately argue that the way individuals attribute blame during the coronavirus is contingent upon many factors involving personal views and personal experiences and the social, political, and cultural influences shaping these views and experiences.

I first demonstrate that subjects interpreted the pandemic through a personal lens. Participants positioned themselves in a positive light, making it more likely to view the self as faultless in contributing to the spread of the virus, and more likely to attribute blame to actors other than themselves. When one believes they are innocent, views them self as significantly impacted by the pandemic, or feels empathy/ sympathy for those negatively affected, they are likely to be more critical of those they see to be at fault. I also argue that students form their personal views and opinions about who is to blame for COVID and its outcomes by drawing on personal experiences during the pandemic (which includes being influenced by society and social connections), being influenced by the culture of social media, and being influenced by information heard through the news. A student’s personal views are significant to attributing blame because they provide insight into students’ motivations and justifications for why they blame a specific actor, institution, or idea. I argue that the information students consume to form their personal views is largely reflective of that seen in broader political, social, and cultural trends. Finally, I argue that narratives of blame manifest in 2 major ways, blaming the actions of the government & leadership positions and blaming political polarization for contributing to the pandemic. I found that blame was not just explicitly expressed, it was also expressed through remarks of frustration, recommendations for how actors should have responded, and expressing feelings (often negative) about different actors during the pandemic. I explain the various ways that blame has been conceptualized to show that they are all reflective of a perception of poor management of the pandemic and contribute to a breakdown of social trust.

**Managing the Self During COVID-19**

Positive Perception of Self

One’s perception of self impacts personal views, especially regarding blame, how one frames their experience, and how it is presented to others. I found that participants mainly perceived themselves positively. They believed that their behavior during the pandemic was “good” and that their understanding of the situation was “correct.” This position is significant in relation to blame because a major usage of blame is to serve the function of social regulation (Malle et al., 2014). If participants view themselves as “faultless,” this allows them to place themselves in opposition to those whom are seen to have “fault,” and the entities to whom they do attribute blame can be seen as engaging in behavior deemed socially unacceptable.

*Describing Own Behavior as Good*

Some participants described their own actions taken during the pandemic as “good” at not contributing to the spread of the coronavirus by stressing their own adherence to COVID-19 protocols. A predominant way for subjects to indicate that they were “taking the virus seriously” and being conscientious of the health of community members was to stress their adherence to recommended guidelines. Subject 2, for example, reflected on his precautions by sharing “I like wash my hands super regularly, hand sanitizer, like alcohol wipes. Um Mask everywhere I go. And then in New Jersey, in here, like if I go on like shopping trips I might wear gloves as well so... All that.” The precautions taken by Subject 2 almost exactly match the safety measures recommended by the CDC. The CDC website published some basic measures on “how to protect yourself and others”. These measures include wearing a mask that covers your nose and mouth, staying 6 feet apart from others who don’t live with you, avoiding crowds and poorly ventilated indoor spaces, and washing your hands often with soap and water (using hand sanitizer if soap and water are not available) (CDC). When discussing what subject 6 felt his role was during the pandemic, he explicitly related his answer back to COVID-19 guidelines. Subject 6 asks himself, “Am I following regulations?” when trying to determine what behavior to take in different situations. By doing this, he insinuates that following regulations may be regarded as the ideal or the standard for “good” behavior during this time.

However, while all participants mentioned intentionally engaging in some form of preventative behavior, not all behaviors exactly matched CDC recommendations. Students often rationalized taking certain risks or being lenient while still viewing their behavior as “good.” Since guidelines are often updated, it is possible that students also had differing ideas about what exactly the guidelines were at the time. Subject 1 for example said, “I think I’ve done a good job of doing that” in reference to engaging in safe behavior and trying not to spread COVID-19, but she also mentioned meeting with friends while in her hometown without wearing a mask. This suggests that perceiving oneself as “good” is not contingent solely upon adhering to recommendations and may be context dependent.

Some subjects compared their behavior to others who were lax with guidelines to demonstrate that their own behavior was the correct behavior. For example, when Subject 10 was asked why she engages in preventative behavior she responded “I think a lot of it is seeing other people my age behave differently, and in my similar circumstance behave differently, and be more um… Irresponsible, like going to Cancun for spring break vibes, like that kind of thing is… I think… unfortunately, my understanding of my own role has been shaped a lot by a negative association with other people’s behavior that feels like it’s similar to my circumstance.” She explained feeling more compelled to engage in preventative behavior when perceiving others’ lax behavior or disregarding safety guidelines as wrong. She makes a conscious effort to be “good” and thus views her own actions as good.

Other participants indicated that their own actions were “good” because they had good intentions, were trying their best while still “prioritizing their mental health,” and cared for the safety of others without being lax with guidelines to an “extreme.” When subject 8 was asked what she believed her role was in affecting the spread of the virus, she responded:

“um I mean, I just want to be like safe and diligent, but I also like, I don’t want to do that at the risk of my mental health so like I feel like- it’s kind of- I feel like I have a big like moral compass, so like, I know if I feel confident in the activities I engage in or don’t participate in, and I feel good about it and I don’t have any regrets then like, then I won’t feel bad about doing the spread, you know what I mean, and I think that’s like a big thing for me like, if I don’t feel comfortable about an event I’m not going to go because like, I don’t want to spread anything, or I don’t want to like put anyone at risk um. Like I’m partially vaccinated and I just flew back from Los Angeles for spring break and like, I still quarantined for like a few days got 2 negative tests, because like, I would just feel so guilty otherwise. I know some people are different, some people are more strict. Like I think there’s like a fine line of like, Like not be going crazy and like sanitizing everything you touch versus like, going being reckless, partying, eating inside, that kind of thing.”

Since social interaction is associated with improved mental health, being lax with guidelines, to an extent, in order to maintain mental health and engage in “self- care” was seen as “good” behavior during the pandemic. When students believed they were prioritizing their mental health, they felt good about their actions, even if the actions being undertaken were not entirely consistent with public health guidelines and could potentially be considered “lax.” This suggests that students feel “good” about their behavior if it is aligned with their moral compass and if they can properly justify straying from guidelines.

Subjects often believed that their actions involving taking precautions, were protecting their peers, friends, family, and community members from getting coronavirus. After reflecting on their actions, subjects felt good about the amount of precautions they were taking and the way they were behaving during the pandemic. Subject 6 said, “I am very much like, working a job that is considered like high risk. So I have to be careful of like, you know, infecting like my parents when I go home or infecting my roommate when I’m home and stuff.” He felt a need to be more “careful” because he didn’t want to infect people to whom he was close. He was also unable to avoid social interaction with strangers due to his job, which highlights another point that being exposed to work associated risks does not influence a person to view their behavior as bad. Profession related exposure is perceived as unavoidable, but “good” behavior involves acknowledging that risk and acting accordingly (like taking increased precautions around others). Similarly, Subject 9 stated, “For me, like I don’t think I could like live with myself if like I got it and then gave it to other people, and like it affected them like. Just from like a moral standpoint like I- I’ll be very like deeply saddened, if that were to be my case which uh thankfully hasn’t happened so far.” Here, we again see one’s “morals” affecting behavior and affecting how a person perceives their own behavior. Subject 9’s morals pushed him to take some precautions to protect those around him, and doing this allowed him to perceive his actions as good as well.

*Reporting Strong Ability to Identify Biases & Differentiate Between Real and Fake News*

Students felt confident in their ability to differentiate between real and fake news and didn’t perceive themselves as falling prey to fake news. This is significant because misinformation spread through various forms of media can influence a person’s perceived severity of COVID-19, contribute to a loss of trust towards institutions, and also influence adherence to guidelines (Rieger & Wang, 2020).

Participants perceived themselves as self-aware of possible biases in media. Several subjects used the word “obvious” to describe bias, which suggested that they viewed themselves as well informed and that misinformation was easy for them to identify. For example, in response to media coverage, subject 1 said, “I mean obviously their coverage can be good and bad”, and in response to social media, she said, “I think my feed is probably like obviously biased like to my own like viewpoints.” She also said, “I don’t know how to say like how I decide what’s fact and what’s not. But it’s like kind of easy to like tell based on where it’s coming from.” She made clear that while consuming news from various sources, she was self- aware of how the source or social media platform itself was trying to influence her. While this interview did not measure if she actually had a strong ability to identify biases and differentiate between real and fake news, it does provide insight into how strong she perceived her own ability to be.

Subject 2 also used the word “obvious” in reference to bias. He said, “I think most sources have an obvious bias to how they portray their information. Uh And so like…most sources that try to talk about events always have some skew to them, but most I think statistical sources have at least uh their uh-. You can you can figure out where a statistical source got their numbers and how they got to their numbers. So if something is just reporting on numbers it’s easier to verify if their claim is true or not. But if someone’s verify- if someone’s reporting on an event, then they can always change their words and use like different reporting methods to skew what the event was, so, that’s how I feel about reporting these days.” Just like subject 1, he also felt that biased sources were “easy” to identify, reflecting his confidence in his ability to differentiate between the two. He also mentions that while most news sources lean politically left or right to a certain degree, sources that contain statistics may be more reliable. He views statistics as an unbiased source of information because he believes they consist solely of numbers that are not being influenced by language.

This idea, that statistics indicate a reliable source, is echoed by subject 6. When subject 6 was asked how he decides to trust a news source he said, “It depends on like who is reporting it and also like if it has a like a bias in any way like if it’s very much like praising one side like if it’s like if it’s about the pandemic and it’s like crazy one party over the other then I’ll be skeptical of it, but it’s like the CDC is saying, or like you know scientists are saying there’s like, data with them, I tend to be more optimistic of the quality.” Through subject 6’s response he alludes to his trust of science and scientific institutions and views them as unbiased sources. Here he says he trusts scientists that have “data with them” suggesting that data is indicative of unbiased truth that should be trusted. He demonstrates his ability to differentiate between reliable and unreliable sources by explaining his understanding of what makes a source credible.

Both subject 6 and subject 1 describe noticing sources that “skew” towards a certain political party. In the US, due to the political party system and the political elite driving opinions and attitudes, public opinion tends to depend on one’s political party (Singer et al., 2020). Subject 7 acknowledges this when she says, “I have to preface this by saying that like I pretty much only look at news sources that are more like liberal left leaning so a lot of it was either more nonpartisan or like accusatory towards the government and I’m aware of that”. She also mentioned understanding how Facebook algorithms work to tailor one’s feed to one’s own interests, including political orientation. She expresses her self- awareness to highlight that she has a strong perception of how sources or algorithms may be trying to influence her. Expressing understanding that biases exist may be a way of presenting to others that she is well informed and has some form of control over what information she absorbs.

Since the US is so polarized, subjects noticed differences between different news sources. Subject 1 stated that, “each news outlet is different.” This suggests that even verified news sources may be presenting inconsistent news depending on the outlet. Due to this, Subject 2 said, “I never trust any one piece of information in media. If a media outlet makes the claim… And if I care enough about that claim, then I’ll try to look up multiple media outlets, just to confirm that it is a real thing. Uh, yeah I don’t trust any one media outlet.” This suggests that students may have less trust towards the media and perceive inconsistencies. However, subjects still feel that they are capable of parsing through the information they are presented and determining what is reliable.

In terms of reliability, subject 7 mentions viewing social media itself as an unreliable forum, but still consuming information from there. She says, “I feel like social media is a good way of getting me aware of information that- or events that I might not be aware of. But social media definitely isn’t a reliable forum, and I feel like I’ve had to remind myself of that multiple times, where it’s like if I really want a well- rounded perspective.” In order to differentiate between the real and fake news, or just biased information, from social media, subject 7 emphasizes the importance of self-awareness and the importance of understanding which platforms may not be reliable in providing non- partisan or factual news. In regard to social media, she also said:

“I think one thing that I’ve come to realize that I shouldn’t probably believe in is like, when I see one thing being posted like many times on social media by like different people which, like, if you think about the same post that’s being shared, so, I after thinking about that it’s like maybe I should like think deeper about like you know just like believing what this post says, just because everyone’s sharing it. But I think subconsciously that was something I was also taking as a signal to be like oh that that’s probably trustworthy news but that’s like a question mark, now that I actually think about it.”

Subject 7 found herself viewing news she was exposed to more frequently as real news, without actually knowing the source of the information. This highlights how information may seem more trustworthy if it comes from friends of social connections sharing on social media and highlights how people may trust their social connections to provide reliable information. Upon reflection she suggested that a more active consumption of news with a more critical lens may be helpful when trying to avoid accidentally consuming fake news. By reflecting on how she determines what information is reliable, she demonstrates that she has a strong ability to differentiate between real and fake news and is self -aware that biases exist.

Students’ positive perception of their own ability to consume reliable news is significant because it could make them more judgmental of those who do consume misinformation or just blame misinformation in general. This is due to blame serving the function of social regulation (Malle et al., 2014). If individuals blame those who consume misinformation, they are likely to view themselves as “innocent” because they perceive themselves to have a strong ability to differentiate between real and fake news.

Understanding the Severity and Implications of COVID-19

 One’s perception of the financial, emotional, and physical implications of COVID-19 affecting both others and oneself can impact personal views, especially regarding blame. Understanding the risk associated with COVID-19 was found to improve public compliance to health guidelines, so subjects’ adherence to precautions could, at least in part, be attributed to how they perceived the risk of COVID-19 (Thomas et al., 2020). Participants showed a high perceived severity of the implications of COVID-19, which influenced stronger adherence to health guidelines and stronger feelings of blame towards entities perceived to be worsening the pandemic.

*Expressing Sympathy/ Empathy for Others’ Circumstances*

Participants felt bad for others and felt more inspired to adhere to COVID-19 safety guidelines when hearing about anyone poorly affected by COVID-19, whether that be financially, emotionally, or physically impacted. By expressing empathy and sympathy, they also demonstrated a strong understanding of how COVID-19 has impacted others in various ways.

Subject 1 described how social media can serve as a form of social connection and allowed her to see how others were impacted by COVID-19. She said, “Even though I can’t like see it affecting my family or directly affecting my friends terribly like some of my friends have gotten it but you know they are fine. So I guess like even though I don’t see it necessarily in the real world around me. Like, I see it through social media. So I think that has made me feel like I should take more precautions and like kind of communicate the severity of the situation.” Though she didn’t have personal experience having a loved one or friend negatively impacted by COVID-19, she still had a high perceived severity of COVID-19 because of how she saw others being affected. This suggests that empathizing with others can make people more inclined to take measures that will reduce the spread of the virus.

As a form of respect to others who did experience loss of a loved one or severe complications from COVID-19, subject 4 supports following guidelines. She said, “I just think that it’s so important that we take it seriously, and people that are... going to parties or like seeing a lot of people, or not wearing masks, like it’s so frustrating, like it’s so frustrating for everyone who’s actually... going by the rules, and especially, I can’t even imagine for people who like- luckily I haven’t... like lost anyone near to me because of the pandemic, but for all the people that have, like that must be so frustrating to see people... continue to not take it seriously.” Subject 4 mentions feeling frustrated by people who disregard guidelines and refuse to social distance. This behavior can be seen as disrespectful to anyone who has lost people during the pandemic. Since social interaction contributes to the spread of COVID-19 and the disease has taken so many lives, Subject 4 views lax behavior as irresponsible. Her response shows empathy through the way she stresses following guidelines to protect the health and wellbeing of all people.

COVID-19 is known to disproportionately affect vulnerable populations like the elderly or immunocompromised, so hearing about instances where seemingly healthy individuals were severely impacted can make the virus feel more threatening. Subject 12 experienced this when she heard about how an entire family was “wiped out” by COVID-19. She told me:

 “like my uncle’s wife, her side of the family was like pretty much like wiped out by COVID, like her sister’s husband, I think. I think he had COVID, but I think he died from cancer and his two brothers, I think, died from COVID and then she got COVID and her son got COVID, but they were ok, but like I mean “okay”(in air quotes). And that’s like a very like harrowing story to like know that it’s like an entirely healthy family it just like gone it- that really like stressed me out…So it’s definitely something I’m very like aware of, I don’t think it’s like far away, or like I’m not susceptible.”

By being more aware of her own susceptibility to the virus, she felt more inclined to take the virus seriously, and thus take precautions. In this case, her empathy helped her to relate to the healthy individuals who were unexpectedly impacted and made her feel less safe from COVID-19. In this case, not only was her perceived severity of COVID-19 increased, but also her perceived susceptibility.

 In general, subjects reported feeling sad for the amount of people dying despite not knowing all of them. For example subject 1 stated, “I felt like, definitely like sad about that and then just like sad about, like, in general, you know, like so many people dying. And like so many like people getting sick and just everything and then like just everything is- seems very bad.” She continued, “It’s just like a cloud over everything, like in every possible way. Um Like physical things like death and like sickness, but also like economic things like losing a job or like not being able to go school like not being able to see your friends like it’s really just like touched every aspect of life in a negative way.” Hearing about rising death tolls and people experiencing loss of loved ones or other hardships influenced subjects’ perception of the implications of the pandemic. Being in a pandemic also meant that people were dying, losing their jobs, being separated from loved ones, losing small businesses etc., and all these effects had an emotional impact on participants. They all felt that the implications were severe, and that action needed to be taken to end the pandemic or lessen its effects.

After discussing the financial, emotional, and physical impacts of COVID-19, subjects identified groups that they perceived to be more impacted by COVID-19 than others, and also touched on reasons for why they believed this was the case. For example, Subject 1 reflected:

“I guess like in the US, I would say that like the people who have been affected the most are the people who were already like struggling before the pandemic in terms of like Just like people who are like, I guess what they call like essential workers and people who are low income and who like live paycheck to paycheck, because Like, those are the people who If they lose their jobs like they will be in a very bad spot in terms of like not being able to pay rent. Um And so I guess just like any like vulnerable population, I think, has been the most impacted um So yeah like I think it’s...Definitely like disproportionately like low income people. And, like, people of color and people in like areas that don’t have as much access to, like, healthcare, so where like maybe some rural areas where like a hospital isn’t- Is only, like, an hour away like instead of like 10 minute drive so like places where they don’t have easy access to healthcare. Um, I think, like all those groups have been most impacted.”

Several other subjects gave similar responses about who they viewed as most affected by the pandemic. This shows that subjects had similar understandings of the social, political, and racial issues that contribute to healthcare disparities. Subject 1 identified essential workers, low income individuals, people of color, and other vulnerable populations as being most impacted by the negative effects of coronavirus. Subjects’ understanding of how vulnerable populations were affected contributed to their perceived severity of COVID-19.

 Another group that was negatively impacted by the implications of COVID-19, in the US, was the Asian American population. Subject 7 describes how the Asian American population was affected by the COVID-19 pandemic. She said:

“like obviously hate crimes existed before hand but, like, I feel like the pandemic gave a lot of reason. To people… to people who already had that kind of hate to like find reason to physically demonstrate.” She continued, “um yeah so I just think like a lot of it was already underlying in terms of like a lot of the racial and like equity issues that we have in the US, but. Like COVID was just like a very good reason for people to think that they’re like acting in a logical or justifiable manner when in reality it’s just a lot of issues that people have within themselves, as well as like systematically expressed throughout like the US, as a society.”

Subject 7 describes how hate towards Asian Americans existed before the pandemic but became more prevalent during the pandemic because more people felt justified in their hate. This example demonstrates, again, subjects’ understanding of the implications of COVID-19 and thus the severity of the pandemic.

 Subjects used empathy and sympathy when understanding others’ circumstances during the pandemic. Feeling connected to others or feeling “bad” about the way others have been impacted contributed to subjects’ perceived severity of the pandemic. Higher perceived severity is correlated with stronger compliance (Thomas et al., 2020). Feeling empathy for the way others were affected could also promote narratives of blame if people feel that someone should be held accountable for the negative implications of COVID-19 (Malle et al., 2014).

*Identifying as Privileged in Comparison to Others*

Subjects expressed the belief that one’s life circumstances allowed for less financial, emotional, and physical hardships than others during the COVID-19 pandemic. They reflected on their own privilege during the interview, indicating that they felt shielded from many of the negative implications of COVID-19 due to parts of their identity like race, SES, and age.

 A common phrase used by participants was that they felt “fortunate” or “lucky” in comparison to others. Subject 7 said, “yeah, so I think, for us, we were fortunate enough that for my family both my parents were able to switch to work from home So although, like it’s not ideal for anybody like I think my family has been very fortunate in many ways.” Subject 4 said, “like my family is very lucky that like we weren’t- my parents like, their like their jobs just became remote, like they didn’t lose their jobs or anything, my mom actually got hired, she was applying for a job before the pandemic. And they continued the hiring process, and she like started working during the pandemic remotely.” Both participants highlighted their privilege by using the words “lucky” and “fortunate” to describe their parents’ employment status. By expressing that they felt privileged this also shows an understanding of how other people may have been affected by losing a job, by having a profession that could not go remote, or by having parents whose profession was impacted.

 Financial privilege was often brought up by participants, which suggests that negative implications from COVID-19 can involve financial hardships and participants are aware of this impact. For example, Subject 1 stressed that, “I didn’t have as big of a struggle as someone who would like lose their job or like, you know, have really bad implications.” She insinuates that “bad implications” can be associated with losing a job. She also said, “having parents whose jobs were not impacted, definitely. I mean, I guess, like everything- so like being in like a financially stable position definitely made me less impacted like I didn’t feel the financial hardships.” She identifies her financial status as sheltering her from some of the negative impacts of COVID-19. By comparing her situation to others, she felt privileged in comparison. Feeling privileged also suggests that individuals may compare their experiences to the experiences of others to make sense of their situation and their position.

 Other than employment status, subject 1 also discussed additional aspects of her identity that “sheltered” her from some of the possible impacts of the pandemic. She explained:

“Um Being in college too I didn’t feel like- I didn’t lose a job or like have to worry about. Like going to work like like as I was- but like, so I was kind of like I feel like I was very like sheltered from the effects of it. And I was able to- And also I’m young, I guess so. Like, I think I was less afraid of myself- like I wasn’t afraid like of, you know, I mean, I’m afraid of getting it, but I like wasn’t so afraid of, like, oh, I’m gonna die if I, you know, like I wasn’t afraid. As much as I would have if, I was like older or like if I was immunocompromised or something. So I think like in general like And even like living in a small town like I felt like very sheltered from it more at the beginning um of the pandemic. So I think, like, in general, my identities. Um Kind of meant that I was sort of like not directly experiencing the effects as much as some other people.”

She mentioned that being a student, being of good health and young age, and residing in a small town all offered certain degrees of protection from both contracting COVID-19 and being impacted in other ways by the circumstances presented by the pandemic. What is interesting from Subject 1’s reflection of privilege is that she illustrates how certain aspects of her identity, like age and good health, contributed to easing her fear towards contracting COVID-19 because she felt less likely to experience severe symptoms from the virus. In this way, her perceived susceptibility towards the virus was reduced. There seems to be an interplay between an individual’s perceived susceptibility and perceived risk for others that influences the extent to which an individual adheres to guidelines.

Subject 10, by acknowledging her own privilege, believes that she has a greater responsibility to protect the health of others who do not have the same privilege and protections. She said, “I think, as a young person, I have a huge responsibility… in terms of like doing like- I’m like upper middle class white person and a private college and I have the- I have an apartment and I have job stability and I have the ability to wear a mask and all that garbage.” She suggests that being in a situation in which she is able to adhere to guidelines means that it is her responsibility to do that as well. This also suggests that individuals’ responsibility during the pandemic involves taking all the precautions that their privilege affords in order to protect others and reduce the spread of the virus.

How an individual views their privilege also reflects how much they believe others were impacted by the pandemic, and can influence how responsible they feel for protecting others from the virus.

*Expressing Anxiety About Getting, Spreading, or Having Family Affected by COVID-19*

Students expressed both anxiety and fear about getting COVID-19, spreading the virus to loved ones, or having a family member affected. A high perceived severity of the virus led individuals to be more fearful for both themselves and their loved ones. Due to the severity of the virus, subjects also worried about “being the reason” that someone else was negatively affected by COVID-19.

 A common theme discussed by participants was having family members as essential workers during the pandemic. Subject 2’s brother and mother are healthcare professionals, and he said, “Up until like both my brother and mother got vaccines, recently. Like it was also scary having them being healthcare professionals and in case they got in contact with someone. So it was like just a bit stressful for sure.” Subject 10’s father is a mover, and she said, “my dad is a mover and so he can’t work from home at all, and so he’s been in person doing like you know driving the truck and moving people’s stuff into their homes, the whole time so he’s been quite exposed and that’s been sort of stress inducing.” Subject 1’s mother is a teacher, and she said, “she wasn’t like afraid for herself or like anybody, like she didn’t think it was a problem. I was a little like hmm that kind of presents like I don’t know. Makes me feel a little more hesitant, just because like I know she’s gonna come into contact with a lot of I guess like mostly just like her students, but so like I was a little like eh about it.” These 3 subjects all described how they perceived an increased risk level for their family members because their loved ones’ professions required in person contact with other people. While exposure to strangers through work was viewed as unavoidable, it was still stress inducing for participants. The virus was viewed as something to be feared, reflecting participants high perceived severity of COVID-19.

 Subject 7 discussed how having family members who are more susceptible made her feel more inspired to adhere to safety guidelines and take precautions. She said, “Even though we’re not like- as students we’re pretty like low risk for like having severe effects from COVID, like our parents are all like older and like more susceptible and then a lot of my friends like, including myself, like have parents who are higher like even higher risk due to like other confounding factors, so I think that, just like reminds us that we still have like skin in the game.” She explains that even though she does not feel high susceptibility for herself, she still feels responsible for protecting her parents. The phrase “skin in the game” is significant because it suggests that she feels like protecting her parents is a major reason, if not the most important reason, to take precautions against the virus.

 Subjects also talked about feeling more afraid doing activities that used to feel “normal” due to the threat posed by the virus. For example Subject 12 reflected on how she felt taking a plane during the pandemic. She said, “…it’s like this is weird because now I’m just afraid of like. I don’t want anyone to be near me, and I think that’s also extreme I- I’m very like careful and it kind of takes away from like the I guess the joy and actually- in traveling now it’s more like a liability, but it’s like I only do it if I absolutely need to.” She told me that she used to love taking flights, but now she feels more stressed with taking precautions. She did not express any negativity towards taking precautions to protect herself, but she found it to be more fear inducing because she became more self-aware of her proximity of strangers and also mentioned “obsessively” using hand sanitizer. Her behavior, of avoiding strangers, reflects a breakdown of social trust as a result of the pandemic and distrust/ fear of public spaces. Her anxiety increased due to the threat of COVID-19.

Subject 10 described feeling similarly when one of her housemates tested positive for COVID-19. Regarding her experience, she said, “It just was like, so scary, and the punishment of having- not punishment- but the sort of like repercussion of somebody who lived with me being- testing positive one time…I think the psychological toll of being like I’m afraid of my own apartment, I can’t go out of my room, I have to wear a mask when I go to make myself, you know, dinner in the kitchen, I can’t do you know, sit on the couch and shit like that.” Just like subject 12 experienced increased anxiety at the airport, subject 10 also experienced a “psychological toll”. Her perceived risk of COVID-19 increased when her housemate tested positive and this impacted her feelings of safety in her own apartment. Her response, of taking increased precautions when her perceived risk increased, suggests that perceived severity of COVID-19 impacts both fear responses and guideline compliance in individuals.

Individuals with preexisting conditions also had a high perceived severity of COVID-19. Subject 6, for example, had asthma, which impacted his “understanding of the pandemic” because he was “very much” aware that he “could die” if he got it. Subject 6 directly says that having a preexisting condition affected his “understanding of the pandemic”. He was inspired to adhere to guidelines to protect his own health. What influences compliance to health guidelines is important when thinking about blame because adhering to guidelines is seen as “good” behavior while not adhering to guidelines is seen as “bad behavior.” When attributing blame, subjects tend to shift blame to the actors perceived to be engaging in socially wrong behavior (Malle et al., 2014).

Subjects feared for the safety of their family members who took greater risks, felt an increase in anxiety when they felt more threatened by COVID-19 exposure, and tended to perceive COVID-19 more severely and take more precautions if they felt a high susceptibility.

Adapting to COVID-19

 Individuals’ thoughts and actions have changed in response to the threat posed by contracting COVID-19. The virus has altered the “normal” way of life, which influenced people to adapt, both intentionally and unintentionally, to the new circumstances. One aspect of this adaptation is personally defining safe and unsafe behavior based on individuals’ own comfort level. Another aspect of this adaptation is judging the behavior of others during the pandemic. Subjects’ positive view of themselves and their own behavior influenced the way they defined being “safe” during the pandemic and what kind of behavior they were more judgmental towards. Some of individuals’ thoughts and actions present in a way that frames themselves as innocent while remaining critical of certain others. Since political polarization and affective polarization are so high in the US, adherence to safety guidelines has become politicized and individuals tend to be more critical towards the actions of members of the opposing party (Druckman et al., 2020). Though members of the opposing political party were not the only ones criticized for their actions during the pandemic, students often expressed judgement towards the actions of their peers and friends.

*Personally Defining Safe vs Unsafe Behavior*

In response to the pandemic, students personally define what constitutes safe and unsafe behavior.Safe and unsafe spreading behavior are defined differently by each person based on individual comfort level, through there seems to be consensus regarding certain recommendations. Generally adhering to CDC guidelines is considered “safe” behavior, while being lax with guidelines is considered “unsafe”. However, individuals create their own exceptions to these guidelines, like being outdoors without social distancing, being around friends without masks, being tested before meeting with others without a mask etc. Students also demonstrated feeling a need to justify social interactions one has in fear of being perceived negatively by others. When discussing spending time with friends, individuals tend to emphasize the precautions that were taken, like if they had all been tested prior to meeting.

Subject 1 discussed what impacted her feelings of safety during the pandemic. She said, “I mean, we do have like a good amount of cases for like how small we are but I guess I feel like as long as I’m wearing a mask and like, I’m not getting super close to someone who doesn’t have a mask, then like I feel like I’m fine.” She describes feeling safe by wearing a mask and distancing herself from people who don’t wear masks. It is significant that instead of strictly following CDC guidelines, she used her own judgement to decide the extent to which adhering to guidelines was necessary. Though she previously demonstrated a high perceived severity of COVID-19 and an understanding of the implications of spreading COVID-19, she viewed her own judgment regarding guidelines to be sufficient.

Subject 1 reflected on additional instances where she used her own judgement. She said, “But we were just walking with each other. And like we were you know in each other’s circles of people. So like, you know, we didn’t feel like we needed to wear masks um and we were on like this trail where not a lot people walk there so it was pretty and it was like open air. So we were like, it’s fine. We don’t need to wear a mask.” Subject 1 seems to be justifying her actions, of not strictly following CDC guidelines, when she says “we were you know in each other’s circles of people”, “we were on like this trail where not a lot of people walk”, and “it was like open air”. This suggests that feelings of safety, and thus her notions of acceptable behavior, are associated with being unmasked with close friends, being in public spaces with a reduced amount of people, and being outside where there is air flow. Some of Subject 1’s actions do not strictly adhere to CDC guidelines, which recommend that individuals stay 6 feet apart from anyone who is not a member of their own household (CDC, 2021). The contradictory behavior, which was also repeated by several other subjects, illustrates that personal judgements of situations can impact feelings of safety and that while the CDC guidelines are seen as the “ideal”, even those who perceive a high severity of COVID-19 may only follow guidelines to a certain extent.

Another form of acceptable behavior included meeting with friends as long as everyone received a negative COVID-19 test before meeting up. Subject 7 said, “I think, when I was in Evanston I definitely did interact with at least like two to three other people who didn’t live with me, but that was also- they were also Northwestern students so like we have all had access to testing.” Mentioning being tested is used as another form of justification for social interaction. While being tested offers some degree of protection before meeting with friends, the efficacy of rapid testing and the possibility of exposure to the virus during the time period after being tested but before meeting with friends must be considered. While subject 5 also gets tested before meeting with friends, she acknowledges that testing may not always guarantee that one doesn’t have COVID-19. She said, “we would see those friends. Um but like make sure we get tested before, and meet up with each other, but then, if you really think about it, just because you tested negative doesn’t mean you... didn’t get COVID... after you got tested, so I guess if other people saw me in- like going to see my friends, they will be like oh that’s not smart idea.” In this instance she mentioned feeling hypocritical for advocating for stricter adherence to regulations while still letting her need for social connection push her to “bend the rules”.

Some participants mentioned taking precautions that they themselves viewed as “extreme” or feared that others would view them as “extreme”. For example, Subject 7 mentioned that, “At the beginning of pandemic like we didn’t even go out for groceries we went- every time we got groceries delivered, we would sanitize like every single item which. Personally, thought was a little excessive, but it was good for like mental security, I think.” While she thought the behavior may have been excessive, she also stated that is was good for “mental security”. This suggests that stricter behavior could provide some personal relief to the fears induced by the threat of COVID-19. However, since taking more precautions can be socially deemed “excessive” or “extreme” there runs the risk of being “social rejected” by being perceived as “paranoid”. Several other participants like subject 10, also stated that she worried others would view her behavior as “obsessive” or “paranoid”.

Socially unacceptable behavior during the pandemic often included acting in a way that suggested a “disregard” for safety guidelines or meeting up with a “large amount” of people. Subject 5 mentioned observing a friend engage in “unacceptable” behavior, and I asked her to expand on what she deemed “unacceptable”. She responded, “I guess, a lot of people, as in like people from different friend groups, so like he would hang out with this friend from a different friend group, he would hang out with like people from his like club, like school organization, and then he also interacts with his roommates… Yes, and then his friends also interact with other different people.” Subject 5’s definition of seeing “a lot” of people meant interacting with people from different social circles. Interacting with people in one’s own social circle was deemed socially acceptable, which was echoed by Subject 1, because subjects viewed this as at least “reducing” one’s social interactions if one couldn’t completely cut off in person social ties. Not “trying” to reduce one’s social circle was perceived as “irresponsible” behavior. Even if one does not fully adhere to guidelines, “making an effort” or “having good intentions” seems to play a role in what constitutes “good” vs “bad” behavior.

Individuals personally defined safe and unsafe behavior by using their own judgment and their own comfort level, which suggests that existing personal views and opinions, perceived severity of COVID-19, and perceived susceptibility all interact to influence an individual’s behavior during the pandemic.

*Judging Others’ Behavior*

Subjects spoke negatively about people perceived to be behaving “poorly” during the pandemic. They tended to attribute positive qualities to those engaging in “safe” behavior and negative qualities to those engaging in “unsafe” behavior**.** People perceived to be engaging in safe behavior were labeled as “good” and people perceived to be engaging in unsafe behavior were labeled as “bad”. If a person engaged in safe behavior they were more likely to be perceived as saving lives, being smart, being empathetic, etc. If a person engaged in unsafe behavior they were more likely to be perceived as ignorant, non empathetic, irresponsible, crazy etc.

In response to the pandemic, subject 10 reported, I think I have a lot more judgment, which is something that is frustrating for me, or like wish I didn’t have that feeling, but I have a lot more judgment.” Since the pandemic greatly altered the “normalcy” of life, there seems to be an unofficial establishment of new criteria to determine if a person is perceived as “good” or “bad” and this criterion includes CDC guidelines. In order to “hold each other accountable” individuals may have become more judgmental of others’ behavior. This is aligned with the Theory of Blame that suggests blame is used as a form of social regulation to support “acceptable” behavior and “punish” “unacceptable” behavior (Malle et al., 2014).

Subject 10 goes on to explain how seeing people “being at a restaurant” is “depressing” and “frustrating. She explains:

“I have this impulse to say like I can’t believe those people are behaving that way that sucks, I hate that, I’m so mad I can’t go to a restaurant, because I’m choosing to say I can’t go to a restaurant, but I’m so jealous that they’re at a restaurant. That sucks I wish they weren’t, they’re bad people for being at that restaurant, is like the kind of train of thinking, it’s like the bad tailspin I think I found myself in a lot, and I’m- And while I stand behind the feeling of being like you should not be doing that, with all your privilege in the world, you should be not doing that, don’t do that…I’m also like I’m so so tired of judging people I’m so exhausted by it.”

She describes feeling an impulse to judge the behavior of others, and often feels frustrated and emotionally impacted by others breaking CDC guidelines. It is her own decision to adhere to CDC guidelines, but she still can’t help but feel jealous of people who are more “lax” with CDC recommendations. She feels an internal conflict between wanting to rejoin “normal” life and wanting to be a “good” person that continues social distancing. However, continuing to see others disregarding regulations and perceiving them as “bad” people who “don’t care” about spreading the virus, has become exhausting. The way subject 10 reflects on her thought processes while judging the behavior of others provides some insight into how students are emotionally impacted when they themselves are adhering to guidelines, but perceive others not adhering to them. Subject 10 portrays following guidelines as an “unenjoyable” responsibility, but one she adheres to in order to be “good” and “protect” others. Seeing others not accept this responsibility is seen as frustrating because then the responsibility can feel “unfairly” placed.

Subject 2 similarly discusses how he feels when he perceives others not “taking the virus seriously”. He said:

“I think when people try to underestimate the virus and try to be like, Oh, it’s fine. Like, we can have this party, like I feel- when I hear that I feel like kind of Mad-ish, I guess, or like just disappointed because like I know those people and I know like you have like this mom who like, is super like, in the- In like a high risk, high risk population. So like why are you even risking this like, what are you doing, so definitely disappointment when I hear like people underestimate the problem. Yeah.”

People who “underestimate” the problem, or perceive COVID-19 less severely, were seen as more likely not to adhere to social distancing guidelines by engaging in social activities like “a party”. Perceiving others not following guidelines made subject 2 feel “angry” and “disappointed” and these feelings indicate dissatisfaction with the way others were taking action. He felt that their actions were “irresponsible” and “unsafe” and put their close family members at risk. Subject 2 seemed to feel like he was expressing more care for the safety of their family members than they themselves were. By saying, “Why are you risking this like, what are you doing”, subject 2 was expressing judgement towards the actions of the people he perceived to not be social distancing. The way subject 2 spoke about the mother of the person who was perceived to be “lax” with guidelines suggests that individuals may judge others perceived to be “irresponsible” with “protecting” their loved ones, high risk individuals, or others in general.

One way subjects judged others was by claiming that they “weren’t surprised” when an individual was diagnosed with COVID-19 because the individual’s actions were indicative of “bad” behavior. Subject 5 said, “one of my friends who got diagnosed with COVID first um it was kind of expected, like everyone kind of like knew he was gonna get it, because he was hanging out with a lot of friends when once he moved back... To campus. He was seeing like a bunch of people and not necessarily like social distancing. He was seeing a LOT of people.” Subject 5 describes how both she and others “expected” her friend to get sick. This suggests that she viewed his actions as “irresponsible” or “dangerous” and placed judgment on his actions when concluding that he would likely contract the virus. Subject 1 also talked to me about a friend who contracted COVID-19, she said, “Honestly, I have no idea how they were exposed, but I feel like just knowing them. Okay, she’s not like my close friend but like she probably just wasn’t being super safe like and maybe like went out with like a bunch of- you, you know, like so. I don’t know how it happened, but I could see like it probably was like her possibly being a little irresponsible.” Though subject 1 reported that she did not know how the individual was exposed, through her judgment of the individual’s character, she assumed that it was a result of the individual’s own “irresponsible” actions. Her deductions suggest that how an individual’s character is perceived or how their understanding of the severity of COVID-19 is perceived can influence what judgements another person makes about them. Since an individual’s “character” is associated with how others perceive their adherence to protocol, it suggests that an individual could be seen as a “bad” person if they are perceived breaking guidelines.

Some subjects expressed judgement by associating individuals with negative traits like being “entitled”, “disrespectful”, and “selfish”. Subject 4 shared, “there was a guy smoking on the sidewalk like blowing his smoke out, just like not away from people, and I had to fucking walk by him, like he didn’t move over anything, I had to like run past him. It’s like, that is so disrespectful, I just don’t understand, people just lack respect.” In this case, subject 4 perceived the man’s actions as disrespectful, but went further to say “people just lack respect”. Not only was his behavior deemed “disrespectful,” but she also made a judgement about him as a person.

Subject 1 also associated people with negative traits when she recounted an experience where a customer refused to wear a mask inside a store. She said:

“I just feel bad for the cashiers, and like annoyed that people feel like they are so entitled that like they shouldn’t have to wear a mask and like everyone who wears a mask is stupid. Like I just think, like, it’s such a like selfish opinion to have and like you really just like shows that you’re kind of like, you don’t care about people other than yourself or you just like are like, don’t understand, like, why it’s necessary.”

She viewed the individual who refused to wear a mask as “entitled”, having a “selfish” opinion, not caring about people other than oneself, lacking understanding, and believing that those who do wear masks are ”stupid”. Not only did subject 1 associate the individual with negative traits but she also made an assumption about the person’s own views when she said the individual believes “everyone who wears a mask is stupid”. This suggests that when judging other people, their character may be associated with negative traits and people may even make assumptions of their personal views.

Subjects experienced feeling an increase in judgement of others during the pandemic and expressed this judgement in various ways. Subjects expressed anger towards people perceived to disregard their “responsibility” to protect others, subjects stated that they were “not surprised” when certain individuals tested positive for COVID-19, and subjects often associated negative traits with the character of people perceived not following guidelines. Associating negative traits with certain individuals is significant in relation to blame because people are more motivated to think of an action as blameworthy and intentional when the target of blame is a person that they associate with bad character or negative attributes, even if that character information is unrelated to the action being judged (Nadler & McDonnell, 2012).

**Forming Personal Views**

Drawing from Personal Experience

An individual’s personal views are developed, in part, by their personal experiences. Personal experiences can impact one’s perception of the severity and impact of COVID-19 and how one attributes blame. Students shared similar experiences in how their personal and academic lives were changed by leaving campus and taking online classes. They also shared similar experiences in witnessing an increase in conflict both in their own life and others’ lives.

*Disruption of Normal Life*

Subjects reported events that affected “normal” daily functioning like being removed from a physical academic setting, cancelation of major plans, experiencing a loss of social interaction or events etc. Due to the change in normalcy students often experienced sadness for ‘missing out” on the “college experience,” losing social connection, and the cancelation of academic or future plans. These experiences provide insight into how students were personally affected by COVID-19 and what experiences are shared between participants.

 Subject 1 describes her experience during the beginning of the pandemic, which other subjects similarly faced, where her academic and social plans were affected by the pandemic. She said:

“I remember like (big campus event name) got canceled. And that was a huge thing because I was living with (past roommate name who organized the event) and then and then my jr (journalism residency) got canceled and then so I- I don’t remember how I felt about it. I think I was like, I was definitely like upset. And like just kind of like confused. And I was like, what am I supposed to do now, like I felt like so…like I had to scramble to like find classes and stuff now. So I was just like a little like confused and like everything just felt like it was up in the air. And then, yeah. So then I went home and then like just kind of slowly adjusted to like things getting worse and worse, I guess.”

Subject 1’s experiences provide insight into how students’ lives were altered as a result of the pandemic. Taking measures to reduce the spread of COVID-19 meant that they could no longer congregate on campus as a community which resulted in the cancelation of major events, programming, and in-person classes. Due to the sudden nature of these changes, subject 1 felt “confused” and like future plans were “up in the air.” This illustrates how students’ academics were impacted by the virus.

 Subject 1 continues to say, “It’s definitely like been a negative thing in terms of like being alone a lot. And um not being able to like go out and do things and like go physically to classes and like I don’t know, just like meet new people, I think, has a very bad impact on my mental health. So it definitely has like been a struggle in that way. Like it just like isolation and like lack of like stimulation in terms of like new experiences and new things. And like, just like going out and doing things and like feeling like you have a normal life is definitely reduced.” She explains how she viewed the new changes negatively due to social isolation and lack of stimulation which impacted her mental health as well. How students feel about the change in their “normal” lives can affect how “seriously” they take the virus and how strongly they believe measures need to be enforced to “end” the pandemic so they can return to “normal” life.

 When students reflected on how their lives have changed, they often focused on the things they were looking forward to but “lost” which resulted in a “loss” of experiences they expected to have. Subject 4 expressed this sentiment when she said,“ I was just like sad because I was really excited to be at school in the spring and um. You know, I feel like getting through winter quarter is such a... achievement at northwestern like it’s such a big deal because we just have the spring to look forward to and the nicer weather. And so it’s like we weren’t going to experience, like the best quarter, and also because I loved the people that I lived with and I just had a really good time with all of them, and that was kind of sad that I didn’t get to continue that.” She continued, “I love being around people and, like I love going to parties and going out to dinner, and like exploring the city and meeting new people so it’s just really hard to feel like a year of my life is like gone and I’m not going to have those experiences.” She describes looking forward to spring quarter at Northwestern and other in- person experiences but feeling like those were taken away due to the pandemic. She also highlights the dichotomy between living through these social experiences vs attending class alone in isolation, which suggests that subjects may have felt like life itself was put on pause when the pandemic began. Since other subjects expressed similar sentiments, there seems to be a collective grief for the loss of college experiences among participants.

 Due to the shift from the Northwestern Evanston campus to an online space, subjects report an increased use of zoom, social media, and other online platforms. Subject 2 talked about social interaction during the pandemic and said:

“it’s like harder to talk to a lot of people for sure, because like they’re in different parts of the country, a lot of them. But at the same time, I think I am connecting with people a lot more frequently because of zoom, like some people like I’m seeing more often than I would have considering that they like live in different states or things like that. So, you know, um like it’s hard- it- it feels worse to see my friends less frequently physically, but like, we’re still like getting by with seeing each other over zoom.”

He highlights some positives to spending more time online, like having more time to connect to people farther away through the zoom application. Many in person interactions were replaced with virtual interactions. Subject 7 described her increased online activity. She said, *“*I’m just like sitting on my desk a lot and like going on my phone a lot, like, I would say screen time has increased by a shit ton.” Less in- person interactions suggest that the time spent on in-person interactions have largely been replaced by virtual interactions, or just more online activity in general, to provide stimulation or due to online classes. All participants shared this experience of spending more time online or on electronic devices.

 How much subjects’ daily lives were impacted by the pandemic or how negatively they felt towards the change in “normalcy” could impact the extent to which they want to return to “normal”. How much a person wants the pandemic to end could impact their own adherence to guidelines or how much they blame the entities they see contributing to the worsening of the pandemic.

*Witnessing or Experiencing an Increase in Conflict*

Subjects experienced an increase in conflict in their personal lives and witnessed an increase in conflict in others’ lives. They described an increase in instances of conflict with friends or family members regarding the severity of COVID-19 or adhering to guidelines. Their personal views often conflicted with others and caused tension between relationships. They also witnessed instances of conflict in public spaces or online over adhering to COVID-19 guidelines. Experiencing or witnessing this conflict can impact one’s own personal views on social trust, feelings of safety in public, and attributions of blame (often to the opposing political party). Increased conflict reflects a breakdown of social trust, political polarization, and a negative perception of the government in the US. Social conflict is significant because it illustrates that there are currently many differences in personal views and thus a less united public during this pandemic. In the absence of a strong governmental response that fosters fellowship, as seen in the US, division may provide grounds for a lack of adherence to guidelines and an increase in conspiracy theories (Sibley et al., 2020).

Several subjects mentioned having differing opinions with family members which resulted in conflict. Subject 1 for example said:

“Um I guess my family like my mom is definitely like a little like I mean, I think at the beginning. She was like more kind of like, like, oh, it’s not a big deal. Like, it’s just the flu like she was definitely one of those people haha. So like Um, but I think like as-, so there was like a, like, what do you call that differing opinions between us about like how serious it was and how many precautions, we should take, And like, so I guess before like it was kind of like, oh, like people are just gonna die. And like, it’s not a big deal. Like, I don’t know, it’s just the flu like it’s normal, like we don’t even have to make a big deal out of it and I was like, bro. Like, what no, like, it’s You know, so I was like there was some conflict there.” She mentions how her mom’s lower perceived severity of COVID-19 conflicted with her own perceived severity. While she didn’t explicitly talk badly about her mother she did say that her mother was one of “those people”.

She suggested that her mother’s beliefs were “incorrect” or “unfounded” by comparing her views to another group of people she did not agree with. This resulted in some conflict when determining how many precautions were necessary. Conflict with members of the same household can arise from disagreements over how many precautions are necessary and stem from existing personal views.

 Subject 8 talked to me about experiencing increased conflict with her friends due to the circumstances presented by COVID-19. She explained that safety recommendations became a contentious subject in her social circle. She and her friends often needed to make collective decisions regarding precautions because they chose to isolate as a “pod”. They often disagreed on what precautions were necessary and what each person was comfortable with. Some of her friends were more adamant in their own ways than others which made compromise more difficult. She said that the pandemic brought out a lot of “angst” within her friend group and emotions were heightened. Regarding conflict resolution, she said:

“It was just always so tense like like I would have I would text my close friends about our opinions and we'd say our opinions and then we'd get into these big group- we literally had a conversation like outside my apartment, like in a big grassy circle with our pod like talking about how everyone felt about COVID and, like, it was just so- like everyone was like trying to speak their peace and like just like any like conflict resolution, like people are uncomfortable to like say the uncomfortable things that everyone's thinking like. you're this way because of COVID but also your personality um and you just had to like everyone had to like be really careful like walk on eggshells.”

While engaging in conflict resolution, a major issue she identified that made conversations uncomfortable was discussing personal character. Since behavior during the pandemic was linked to individuals’ personality and character, making judgements about a person’s behavior also seemed to be criticizing the person itself. The increase in conflict between friends may start from disagreements regarding following guidelines, but they tend to turn into arguments regarding personal character.

 There has also been an increase in conflict related specifically to mask wearing behavior in public. Participants have both witnessed others fighting about mask wearing and also engaged in arguments themselves. Subject 1 described her experience at a store, “I’ve just like witnessed people in like stores, not like saying anything to me but saying like um, like being mad at like the cashier for like telling them they have to wear a mask and them being like mask wearing- You- it’s like- like I don’t even know. Just like spouting things like being like, I don’t need to wear a mask. You’re like, suppressing me.” She saw people in a store experiencing conflict with the cashier over mask wearing behavior. Since mask wearing has become politicized, largely due to the effects of political polarization, many members of the republican party express that mask wearing is a form of suppression of rights (Druckman et al., 2020). Mask wearing has become a contentious subject partially due to the way it has been politicized.

Two subjects talked about instances where they had arguments with strangers over mask wearing. Subject 10 said, *“*I asked somebody to sort of put on your mask and they were incredibly rude to me. And I’ve gotten into like public arguments with people about that, only the one time I think, in terms of like being like actually telling somebody to behave differently and having them respond negatively.” While she expresses that she has asked others to put on their mask in different social interactions, this was the only one that turned into an argument. Subject 6 said, “Until recently, like, I was at target the other day… we were like put your mask on like he did not want to it, I think that was like my first ever like negative experience with someone.” His experience was very similar to Subject 10 in that a person responded negatively when asked to wear a mask. These examples again illustrate that mask wearing has become a controversial subject.

 Conflict has also increased between people and the government. Subject 1 recounts an experience where she was reporting on a political event in Minnesota as a journalist and witnessed people react angrily to what the governor was saying. She said:

“like seeing how people were reacting to what the governor was saying, and like Like, um specifically in Minnesota. They like a lot of people were upset with the governor because he was putting restrictions on, and they were like upset that he was, you know, messing with the economy and like they didn’t- But he was like, no, like, we need to save lives. And they were like, no, we want like to go to a bar. So, like I just saw that polarization.”

In this case, she observed people who did not want to adhere to regulations have conflicting views with leadership. While the Governor wanted to enforce more restrictions, some people felt like this was “messing with the economy” and infringing on their ability to “go to a bar.” When subject 1 recounted this event she stated that the Governor was “saving lives” while the people were in opposition to this. This suggests that Subject 1 viewed the Governors behavior as “correct” or “good” and likely viewed those opposed as “bad.” Conflict with leadership reflects a breakdown of institutional trust or negative perceptions of the government.

 Subject 7 believed that people have gotten “meaner” as a result of the pandemic. She said “I feel like people are just meaner…people are ruder like both online and in public, I don’t know like at least from the news that I’ve been seeing and whatnot, and then, just like the rise of hate crimes as well, so, yeah and also like thinking about events like the capital riots like in a normal “normal time” pre pandemic like I don’t see how that can ever be possible so like I just feel like…A lot of the physical restraints that we have, might be manifesting and like mental stress in like other areas that are… Definitely… like impacting people in a lot of ways.” She explains her perception that “physical restraints” during COVID-19, that occur as a result of social distancing, can affect “mental stress” which can impact people in many ways. It is possible that this mental stress is playing a role in the rise of hate crimes towards Asian Americans and increase in conflict in general. Subject 7’s perception echoes other participants in the belief that conflict has increased overall during the pandemic.

 Subjects perceived an increase in conflict both in their personal lives and other peoples’ lives often regarding adhering to CDC guidelines. Since individuals have different definitions of “safe” and “unsafe” behavior, making collective decisions has likely become more difficult because they require more compromise and communication. Behavior like mask wearing or adhering to guidelines has become more contentious for some which can result in a breakdown of social trust or, on a smaller scale, tension within relationships.

Media Influences

The culture of social media allows for people to stay virtually connected to specific communities and consume information shared by various sources online. This information or feeling of community can influence personal views and behavior. News and the way information is reported can influence individuals’ views on adhering to precautionary behavior and influence the way people form opinions during the pandemic. Depending on the source, the news can contain messaging that is framed by the source’s own influence or the influence of political elites, which could be why personal views often reflect broader political, social, and cultural trends (Thomas et al., 2020)

*Shame Tactics on Social Media*

Social media often acts as a form of social connection. Being able to stay friends/ follow people on different platforms makes it easier to “see what people are up to” even if the individuals may not be directly speaking to each other. Since people often post about their daily activities, social interactions, and behavior, and these posts are usually visible to others, shame tactics have emerged from judging the behavior of others. Participants saw people on social media shaming others who posted themselves engaging “unsafe” spreading behavior. Shame tactics on social media can act as a form of social regulation by giving people a platform to publicly blame others. By “calling people out” on social media for “improper” behavior during the pandemic, it can be a way of holding others accountable for their actions.

 Subject 11 discussed how shame can act as a form of social regulation and hold people accountable. She said, “I think also seeing people like um call out other people for not doing like precautions or like going to parties like definitely it’s also you know there’s like that social consequence, you know, like you don’t want to be called out, like you don’t want to like be umthat like that one asshole who like hosts like a 50 person party, obviously, and so, like, I think, like there’s definitely like peer pressure which I think is like you know honestly I think that’s a good thing.” Aside from the health risks posed from breaking CDC guidelines, one also risks being “called out” on social media. She suggests that by breaking guidelines one risks being perceived as “that one asshole” by others. Individuals may experience “peer pressure” to follow “good” behaviors in order to avoid being “called out” and feel socially rejected.

 These shame tactics were mainly reported to be seen on social media platforms like Twitter and Instagram and are often seen by an individual’s social connections rather than strangers, through this is not always the case. Subject 11 explains where she sees shame tactics. She said, “it’s mostly like on social media like specifically Twitter or Instagram… I will see like someone.Like post on our story or as a tweet like calling out like or maybe someone, maybe even someone like post another person’s story and be like why like seriously we’re in the middle of a pandemic, or something and like so you’ll see that and you’re just kind of like hahahadang, yikes!” Subject 11 further explains what constitutes being “called out” when she says the post includes, “like seriously we’re in the middle of a pandemic.” This phrase calls into question the actions of the individual being “calling out” and since this is public, it indicates to others that the behavior is considered socially “unacceptable”.

Shaming was viewed by many participants as a positive and effective tactic. This may be especially true if the blamer views themselves as “faultless” in comparison to the target of blame. Subject 4 gave her opinion on shame tactics. She said, “I feel like shaming like isn’t a great way to get people to act differently, and I still don’t think it is, but I do think it’s like, with this pandemic, it’s like you need to call people out.” While she understood how shaming could be “negative” she seemed to view it as a “necessary evil” because it could hold people accountable for their actions. Subject 4’s supportive position on shame tactics may provide some insight into how she views her own behavior. Her willingness to shame others for their actions suggests that she may not perceive herself as portraying “bad” behavior.

Subject 10 also mentions seeing shame tactics on social media, but her descriptions include “less personal call out” and more explicitly posting about what constitutes “good” and “bad” behavior publicly. She said, “I think of Instagram stories mainly that’s probably- and and also like sometimes Facebook posts but just those are…not terribly commonly but sometimes I’ve seen people be like the way that this group of people is behaving is abominable and you should not- you know… abhorrent rather, and you should not be- have this way and that kind of thing. But less personal call outs.” Subject 10’s description of shame tactics suggests that it does not solely include “calling out” individuals. People posting their own opinions regarding what behavior they find “abhorrent” can also influence individuals to avoid that behavior because it is considered “shameful” or socially rejected behavior.

Seeing shame tactics online can ultimately influence personal views by indicating what behavior is considered not socially “acceptable.”

*Feeling Part of a Community*

Students report feeling a sense of community with others who have shared similar experiences. They often felt a sense of collective loss or collective adaptation to COVID-19, and found community through sharing experiences, humor, and meme pages. The information they absorb from these communities can influence how they form personal views.

Subject 7 discusses how memes can make one feel more connected to other people during hard times. She explains, “Memes is one wayfor people to kind of feel like they’re not alone because, like when you share something like that, and you see everyone like liking, or like tagging other people’s like oh yeah so, It’s not an isolated experience that, like everyone feels like the world is on fire and you’re like that, well that dog that’s sitting in a room on fire yeah kinda like that or, like, so in one sense it’s like a sense of solidarity.” By saying “oh yeah so it’s not an isolated experience,” Subject 7 suggests a degree of surprise that is felt when seeing others express that they also relate to a certain feeling or experience. While a person may feel alone, seeing others interact with memes may induce a sense of surprise that others can also relate to a specific experience. Understanding that one is not alone in one’s own circumstances can provide comfort through “solidarity”. In this way memes can foster a sense of community or unity with individuals who share certain experiences.

Subject 11 also felt a sense of community from meme pages. She said:

“Oh well, the whole zoom memes for self quaranteens like that started, which is great like honestly, I think there’s even people from Northwestern who started it but it’s like, you know it’s just relatable and it makes you laugh, but it also I mean I’m not trying to make like a deeper meaning out of the memes, but like it it kind of is like, whenever you feel lonely or like sort of just like Oh, why did like this happen… I know it’s just like a supposed to be like a funny place where people post stuff, but in a way it’s like formed its own community all in its own right and like it’s definitely I think provided a lot of- a big sense of comfort to students like knowing like okay you’re you’re definitely not alone like we’re. All going through the same thing, and in a way we have like a shared experience that is very unique to us.”

Subject 11 echoes a lot of what Subject 7 said about feeling a sense of community that may help someone feel less like their experiences are “isolated.” She mentioned feeling “lonely” or thinking “Oh, why did this happen,” but being able to find comfort in knowing that she wasn’t alone. When she felt a part of this community she said they were, “all going through the same thing, and in a way we have like a shared experience that is very unique to us.” Considering that she is a student, these shared experiences likely have to do with how academics were impacted by the pandemic. By identifying circumstances that the community “went through together” it suggests that there may be a sense of a collective loss or collective adaption to COVID-19 that students can relate to.

Online meme pages can provide a sense of “community” for students, and the information that is disseminated can influence the formation of personal views.

*Consuming New from Various Sources*

 Subjects consumed news from both reputable news outlets, online, on tv, or on verified accounts on social media, and from more unreliable sources on social media like unverified creators or activists, other users who share similar views, peers, friends, family, or memes. Subjects noticed certain strategies used by reputable news sources to influence public behavior like just the language used to talk about guidelines and strategies to invoke empathy in the viewer. This highlights how the media can influence public behavior by influencing personal views (Thomas et al., 2020). From more unreliable sources on social media, subjects mentioned seeing infographics spread by social connections’ posts, activism often from left- wing individuals, and sometimes “running into” fake news and conspiracy theories. What information individuals are viewing can provide insight into the topics and content of this information and how the information affects personal opinion during the pandemic. Since attributing responsibility for the COVID-19 crisis is another way the media tries to influence individual behavior, it is worth examining if participants noticed tactics on the news or felt inspired to act or think in a certain way (Thomas et al., 2020).

 Subjects noted that the news often promoted safe behaviors, though the severity of the virus was expressed differently depending on the source. Subject 1 discussed how the news can influence behavior through the way they talk about guidelines. She said, “the general sense that I got from the news I consumed was they talked about it in a way that was like, I don’t know, promoting safe behaviors and like erring on a side of caution, like, you know, advising people to like social distance and wear masks and like basically adhering to like CDC kind of stuff.” She describes how the news she consumed encouraged “safe” behaviors and reported on CDC guidelines. Subject 2 mentioned seeing different reactions of the pandemic contingent on the source. He said, “because they’re so polarized as outlets go, the reactions have all been very like confusing and like conflicting. Whereas so many outlets are taking things very nonchalantly others are like ringing like emergency sirens and like declaring it’s the end of the world. Uh so like, it’s hard to find… neutrality.” Subject 2 mentions that it feels difficult to find a “neutral” ground when consuming news due to political polarization. He believed information was often presented as one “extreme” or another. This suggests that depending on the news sources one relies on, they may hear differing messaging based on the political goals of that specific news network.

 Subjects reported hearing moving personal stories, about how people were negatively impacted by COVID-19, being shared through news outlets and viewed this as impactful in influencing public adherence to precautionary measures. Subject 1 explained:

“…but I think like the way that news outlets reported on it in terms of like trying to communicate the severity. Like, I think, is like a good thing. And like telling personal stories of people who like got COVID or like their loved ones got COVID like I remember there was one story about like someone who is like- like her husband was in the hospital and he- like she couldn’t see him, and he was dying and like she played him like their wedding song as he was like dying. And I was like, ugh, like I just like would listen to that. And then, like, read that article, and then be like, Bro, like I need to wear a mask like this is serious.”

She describes feeling emotionally impacted and thus inspired to adhere to guidelines after hearing about stories in which people lose loved ones. She feels that sharing these stories are a useful tactic for sources to use in order to “communicate the severity.” She goes on to say that this reporting shows “people why they should care about like keeping other people safe.”

Rather than or in addition to consuming news directly from news sources, students consume news from comedians. For example, Subject 2 said, “John Oliver has some very like strong views on like how the coronavirus pandemic was handled at different levels of administration. Trevor Noah always go- like has a daily show and is daily talking about like how the coronavirus is going and like how different parts of the pandemic have been handled and so like, a lot of these comedian pseudo journalists are coming in with a lot of these takes about how the pandemic is being handled. And I think some of those are- Have merit to them.” Subject 2 mentions hearing “takes” and “strong views” from these comedians, which suggests that their opinion may often be expressed through their “reporting.” Despite knowing that the source is not an “unbiased” news source, Subject 2 still believes the source has “merit.” This suggests that “unbiased” and purely “factual” news may not be the only criteria students use to determine if a source has “merit.”

Subjects also reported hearing news through memes. For example, subject 2 said, “I guess, through memes and stuff. If people will start talking about like some new trends that is going on with COVID related stuff. For example, like the drink bleach thing like that was a trend on social media, which is the only reason I found out about it. I did not watch it myself.” He explains how he learned that Donald Trump posited drinking bleach as a solution to COVID-19 through memes. Due to the nature of memes, this piece of news was disseminated in the format of a joke. This suggests that information can be disseminated to the public through memes whether or not it is actual, verifiable news.

Aside from verified news sources, students also absorbed information from various influences on social media. When asked about where she gets her news, Subject 7 said, “ since I wasn’t you know explicitly checking news sources as much, a lot of it just came from social media.” She explained that due to COVID-19 “news fatigue” she stopped trying to seek out news about the virus. Much of the news she consumed was from scrolling through social media and “coming across” information. Often times subjects felt like they absorbed news from social media without directly seeking out the news itself. This suggests that social media itself is more than just a platform to maintain connections with friends, it can also be a platform to share ideas and disseminate/ consume information.

Just as news outlets may try to influence behavior with a specific goal in mind, Subject 1 mentions social media as a platform for advocacy. She said, “in the absence of like leadership from like the president or like certain state officials. I think it’s been like a place where people can be like, hey, like, you know, take it seriously, whatever, like you can, you know, see other people like advocating for, like, you know, good practices.” Through her response, she suggests that she perceived the government to be lacking in strong leadership, but social media allows people to foster the own communities when the government is unable to do so. Through these advocacy and activism communities online, individuals share information with each other. Unlike the meme community that was held together by unique shared experiences, this community seems to be brought together by having similar political views and ideologies. Subject 3 further described this community, “I guess like social justice warriors, or whatever. But like in a good way. Like, they’re very, Like- it’s a good community of people who care about life and like positive, like not positive,  But like, um like quality information. And just quality like they… I don’t know, support like just general like community awareness.” Subject 3’s analysis of what constitutes quality information suggests that the intention of the source plays a role in perceived credibility. She believed that these “social justice warriors” “cared” about “quality” information and wanted to spread “awareness.” This shows that subjects can perceive the information they get from social media to be “news” even though it may not be disseminated from a verified source.

 In regard to forming opinions, Subject 1 discussed how social media influences influenced her view on blaming East Asians during the pandemic. She said, “And also just like seeing on social media to and like hearing about like how people like Chinese people or even just people who like appeared to be East Asian we’re facing like discrimination or just people harassing them and just being like ignorant about like, oh, like you’re the reason like coronavirus is a thing like that kind of thing really shaped my view of being like okay like it’s very harmful to like distribute blame to like one country or like the people of like one country.” Through social media, Subject 1 heard about the severity of blaming East Asians for the coronavirus and changed her personal views to reflect this. This shows how absorbing information online can impact personal views. In this case she was inspired not to attribute blame to the Chinese for starting or spreading COVID-19.

Though social media can be used as a platform for advocacy, Subject 1 said, “It can also be a source of like disinformation. So like people saying like, oh, like COVID was made up by like China, like to take down the US or like the vaccine is like, you know, the government trying to control us or like whatever kind of thing that is like that kind of misinformation. So I think both like, you know, positive information and like false facts can be spread. So it’s just like, Yeah, there’s those two sides to it.” She mentions hearing conspiracy theories from social media. Considering that she was able to differentiate this information from other news she consumes suggests that individuals have certain criteria for parsing through information and deciding what is credible, or that she heard from another source, that she may trust more, that this theory was false. She highlights how social media can be both “good” and “bad” because it can promote “positive” behaviors and foster community while also spreading misinformation.

Individuals can consume news and absorb information from both verifiable news sources and other sources on social media, and these influences can impact the formation of personal views.

**The Concepts of Blame During COVID-19**

Attributing Blame

Students identified specific targets of blame that they perceived to play a major role in worsening the state of the pandemic. They did this by explicitly stating blame, forming opinions on how different entities should have responded to the pandemic, and by offering recommendations based on how they perceived the role of that entity.Students reported feeling both an increase and decrease in trust towards specific entities.

In terms of attributing blame, subjects targeted the government and leadership for “poor management” of the virus and political polarization for “dividing” the American public. It is salient to note that conflicts in party politics often lead to ineffective or inadequate responses during crises (Singer et al., 2020), political polarization can result in the politicization of non-partisan issues (Druckman et al., 2020), and distrust towards the government can affect people’s willingness to comply to regulations (Lazarus et al., 2020).

*Blaming the Actions of the Government and Leadership Positions*

Subjects attributed greater responsibility to politicians, government officials, and leaders with greater power. They believed that those with more power should respond quickly to the situation with effective strategies, acknowledge severity, model safe behavior, enforce mandates, produce unified responses, care for the needs of the public etc. Subjects directly blamed Donald Trump for his role in worsening the pandemic and criticized his actions while acting as the President. Subjects also blamed politicians who were perceived to prioritize politics over public safety. Politicians who failed to enforce mandates or were perceived to not fulfill their civic responsibility were blamed. Subjects also discussed an interplay of factors that led to the pandemic including poor communication, coordination, and enforcement of guidelines to produce compliance. Overall, subjects presented with a loss of faith in the government. They often expressed their distrust of the government and policymakers, and also perceived others losing faith in the government as well.

 Subject 5 expressed, “I think like the government should be blamed because, like I don’t think individuals have like any power over that.” She believes that the government should be blamed because they have more power than individuals do to have a large impact. Her statement suggests that “power” has something to do with how blame should be attributed, and that “failing” when one has power can negatively influence the lives of many individuals. Subject 11 believes that people in positions of power like “people in charge like um such as institutional leaders, Governor, the President like public figures, basically” should be blamed because “they have like a more broad outreach broad reach to like-For other people, to like reach other people, and so like if you work- if you’re in a position of power like or like you have some kind of influence, you should be using that to like um you know, like help,To like really.I guess like spread the message of like, you know, like keeping a safe distance or like be keeping like inline with like the precautions during the pandemic.” She explains what should have happened, by giving recommendations for the individuals’ role. She suggested that they “use their influence” to spread the message of “keeping in line with precautions.” Since Subject 11 viewed these positions of power to “fail” she insinuates that she perceived them to act as a “bad” influence during the pandemic, and/ or fail to influence the public to adhere to precautions.

 Due to a perceived lack of federal regulation, Subject 1 believes a lot of people don’t practice social distancing and mask wearing. She explained, “…a lot of situations, it’s leaving it up to the individual to make a decision, and like a certain percentage of the population is not making the safe decision. So that leads to high case numbers.” Subject 1 emphasizes the belief that members of the public will not engage in precautionary behavior unless it is mandated, and in order for guidelines to be enforced, a strong central leadership is necessary. She perceived the government as not taking a strong stance on adhering to guidelines, which made her feel more dissatisfied with the government because it seemed like they were not using their power appropriately to protect the health of the public.

 Many subjects expressed blame towards Donald Trump for his role in worsening the pandemic. Subject 2, for example said, “I think the President may have had something to do with it in a lot of senses with the way he presented information uh or didn’t present information.” He was critical of the way Trump was perceived to present information, insinuating that a “poor” or “bad” job was done communicating with the public. Subject 3 also blamed Trump, by saying, “Trump obviously played a big part in that like, kind of like- not taking like restrictions seriously, or putting it all on like states governors.” She criticizes him for shifting his responsibility to states’ governors instead of producing a national response. She perceived him “failing” at his role by not taking restrictions “seriously” or acting as a leader. Subject 7 also blamed Trump for worsening the pandemic by not controlling the spread “much earlier on”. She said, “More specifically, Trump because he’s President and he, like you know is supposed to reflect the government and in a pretty large way.” She explicitly blamed Trump because she believed that as the leader of this country, and having arguably the most power, he should be held accountable. She believed that although other actors were involved, as President, he is supposed to “reflect” the government. Subject 6 also blamed Trump and the Trump administration by stating that, “all that blood is on their hands,” referencing the high death toll in the US. There was a consensus among participants that Trump’s actions during the pandemic were blameworthy, and this contributed to the negative perceptions and distrust they had towards the government.

Subjects found the act of prioritizing politics over public safety to be viewed as blameworthy. They attributed blame to politicians who were seen as “disregarding” the health and safety of the public for political interests. Not acting in the best interests of the people was seen as not fulfilling one’s civic responsibility as a government official. Subject 1 explains how Trump’s prioritization of politics over health made him a blameworthy target. She said, “he like definitely minimized It a lot for political reasons-. I mean, I guess. And I guess he didn’t want to shut things down because he didn’t want the economy to tank and make him look bad. So I think like a lot of his actions were politically driven, not in the best interest of the country. So I think that worsened the pandemic, like if he had kind of put politics aside and objectively did what was best. Uh I think we would be better off. And I think like that applies to the state level as well so, yeah.” She explains how she perceived his actions to be “politically driven”, but if politics were put aside, a better outcome could likely have been achieved. Action that did not benefit public safety was deemed “bad” while prioritizing health and safety was viewed as “good”.

Subjects discussed many entities responsible for worsening the pandemic and found it difficult to attribute blame to just one entity or to anyone at all due to the interplay of factors. Subject 7 said, “I don’t think anyone can necessarily be responsible for like the pandemic just because it’s so large scale and there’s so many factors that go into it.” She acknowledges that the pandemic could not have spread by the results of just one person or entity, there were many different actors who failed to respond to the threat on time, failed to communicate with other officials, failed to enforce mandates etc. Subject 1 adds, “I feel like it’s like a result of everyone’s actions like sure, like some people at the top like for like Donald Trump or like whoever had a lot more influence over a lot more power to- like a lot more blame rests on him, I guess, but like, the overall pandemic is the result of like a lot of individual actions. So like each person you know who like spread it to someone else. So it’s kind of like blame is like so dispersed among like everyone. So I don’t know. I don’t think any one person is like- I don’t know, like blaming people doesn’t really get you anywhere, I guess.” While she suggests that each individual person has their own responsibility to not spread COVID-19, she does not think it is possible or worth it to hold each individual accountable. However, she does believe that certain people or entities that had more power and influence should be blamed because their actions more directly resulted in the worsening of the pandemic. This analysis provides insight into individuals’ thought processes while determining how to attribute blame.

Subject 4 described how she felt about the government, reflecting a breakdown of trust and loss of faith. She said, “I definitely have like zero trust in the government pretty much, I mean it’s improved since Biden took office just because I know at least he perceives COVID as an actual threat.” Though she views President Biden and his administration in a better light, she insinuates that Trump did not perceive COVID-19 as a threat. Perceiving COVID-19 as less of a risk could influence how strongly a person supports guidelines and adherence to safety procedure. Individuals may also have stronger feelings of blame towards people perceived to “underestimate” the severity of COVID-19. By conveying her distrust towards the government, it could reflect a breakdown of institutional trust in others as well.

Subjects’ loss of faith in the government was also expressed through displeasure with how the government placed blame for the pandemic, which may have contributed to their negative perceptions of the government. Subject 4 explains, “Okay, first of all like the way that the media, and the way that politicians were like, blaming... the like- the like intense amount of racism against like East Asian people... that occurred... because people were calling it like the China virus, or like the, like- like- or like the Wuhan virus, like was so disgusting.” She recalls feeling “disgusted” by the way politicians were attributing blame to China, using racist language, and encouraging xenophobia. Other participants also discussed how they felt “badly” about China which suggests that participants’ beliefs and blame narratives did not align with the ones expressed by the US government.

While there seems to be an overall distrust towards the government and institutions, institutional trust towards scientific institution has been strengthened for some. Subject 1 explains:

“I think it’s made me realize, how important it is for like, uh I don’t know, like people to trust like science. Like scientific research that comes out or like scientific advice based on like science because I think that like the people who are researching the virus and who, you figure out that like If you wear a mask it protects you and other people like that’s kind of basic, or like figuring out that, like, oh, it’s spread by the air and like, not like it’s, it’s an airborne disease like that was a big thing. Like I feel like some people heard that and you’re just like, oh Okay, or like they were like, no, I don’t trust that, so I think it’s like showed me that like it’s important for like scientists to I don’t know, there to be like good communication between like scientists, and like the rest of the general population.”

She explains her understanding of the importance of trusting scientific advice and the importance of communicating this information with the public. Considering that many individuals have refused to wear masks due its politicization and fear of its infringement on rights, she suggests “good communication” as the resolution. This could reflect another shortcoming of the US response to COVID-19 because not all people seemed to understand the protective benefits of wearing a mask, and this could be due to the government’s failure to foster a united response against the virus.

 Subjects provided many reasons for why they felt blame towards the government was warranted and why the actions of political leaders were “blameworthy” (Malle et al., 2014). *Viewing Political Polarization as Contributing to the Pandemic*

Subjects blamed existing political polarization in our country for hindering disease management efforts. The politically divided public was perceived to politicize COVID-19 guidelines, like mask wearing, which in turn made it more controversial to engage in behaviors to reduce the spread of the virus. Subjects attributed responsibility to each individual to adhere to guidelines and protect each other from the threat of COVID-19.

Subjects perceived an increase in political polarization and perceived republicans as less likely to wear a mask. Subject 5 said, “I think I definitely see like a polarity. Um and the political climate. And I think the more I look into it, the more I see that there’s like a. Like. Like people who refuse to wear a mask are like a certain type of people. Like most likely, like most likely republican.” Participants tend to associate behavior that involves not following guidelines to republicans because they have been increasingly vocal about either not wanting to wear a mask or not believing in their efficacy. This suggests that unlike individuals with left leaning views, conservatives may have more distrust towards scientific institutions or democratic political figures. The idea that each political party distrusts the other reflects the political climate of polarization.

Due to the way engaging in behaviors to reduce the spread of the virushas become politicized it has become a controversial topic. Subject 5 said, *“*I think the politicizing of coronavirus regulations, for example, the idea that wearing a mask could be a political statement. Like, I’m not gonna wear my mask, because I don’t believe in the virus or something like this- Like all of this, the fact that there’s politicizing the fact that there is mixed messaging. All this is a symptom of a broken political system in America that has really come to light during the coronavirus.” Subject 7 seems to attribute blame to political polarization and the “broken” American political system for contributing to the politicization of safety guidelines like mask wearing. How individuals further attribute blame to each other, partly as a result of these guidelines becoming contentious, can be seen through shame tactics and how individuals’ judge behavior that involves breaking guidelines.

Subject 2 also discusses how political polarization has contributed to “a polarized news media conglomerate” where “no one can figure out what the correct like information is when there’s conflicting information from multiple people that would be considered trusted media outlets.” He brings up an interesting point regarding inconsistencies in the news and reporting due to competing interests in the media. He suggests that political polarization is blameworthy due to the way it can confuse the and further divide the American public during a crisis that requires cooperation. This lack of cooperation also could have contributed to the United States’ perceived slow response to managing COVID-19. Subject 3 adds, “I know it has like a tendency to like radicalize people in both directions, so I think that because of that, like conspiracy theorists and like q anon get like really great momentum because people are kind of like isolated in their little bubble and think that um like they’re surrounded- like the echo chamber.” Subject 3 suggests that due to political polarization, individuals are consuming news that aligns with their existing political beliefs and this “echo chamber” can allow for radicalization towards either side of the political spectrum.

Since political polarization contributes to certain individuals refusing to adhere to social distancing guidelines and mask wearing, it presents a problem for disease management efforts. Subject 2 said, “I think a big problem is people not following guidelines, uh like state and like federal guidelines as far as wearing masks or distancing or, um, you know, capacity for internal like events, so all of these things are exacerbating the problem.” Subject 2’s perception is that not adhering to guidelines can worsen the spread of the pandemic. Subject 1 believes:

“Everyone has the same role of like everyone should be doing everything they can to stop it  and like everyone’s life is different, you know, some people like work in like people facing jobs which I personally don’t really so they obviously are taking more risks but like Still, I mean, it’s not like they’re like they’re kind of have to do that. So I think everyone’s role is different and the amount of precautions that they are able to take, like, not everyone can work from home, but I think In general, like everyone should have the same goal of like Doing as much as they can to keep themselves and other people safe.”

By attributing responsibility to each individual person, when people don’t adhere to guidelines, often as a result of polarization, this can increase feelings of blame towards those who are not “accepting responsibility” and perceived as “worsening” the pandemic.

Political polarization affects the public in many ways like politicizing CDC guidelines, dividing the media and contributing to misinformation, hindering cooperation during the pandemic etc. and participants perceive these effects as blameworthy.

**Researcher Positionality & Ethical Considerations**

As a Global Health Studies major living through a global pandemic, I was appalled to see the rise of xenophobia that occurred as a result of the coronavirus. It seemed like people blamed China for spreading the disease. My educational background in Global Health made me aware that disease is often associated with geographic location because of social influences and the history of global health. Before learning about these topics in class I did not understand the impact of blame attribution for diseases on certain locations or races. I did not understand why it was wrong to blame people’s culture or emphasize the geographic origin of an illness because I was not considering the many factors that led to the emergence of the disease. After becoming more aware and analytical, through my courses, that emergence of disease is not directly in the control of the group of people living in the location of the origin of disease, I became wary of attributing blame and associating disease to specific races. Certain groups of people are not more susceptible to disease than others but blaming these groups for specific diseases can perpetuate that idea. Given the rise of xenophobia during the coronavirus pandemic, it made me wonder why so many people came to blame China during the beginning of the outbreak. I wanted to better understand what influenced people’s perceptions of blame, not just during the beginning of the outbreak, but also throughout the process of disease management as the crisis worsened. I wanted to understand people’s reasoning for holding their beliefs and who they identified as blameworthy or responsible for the spread of the disease. I was curious to see if there were common gaps in public health knowledge or if their narratives simply followed what was expressed in the media. I think it is important to identify patterns in how people talk about race, government systems, and coronavirus management to help determine what kind of intervention might be most useful to combat novel societal issues that arise from blame.

 There are some aspects of my positionality that put me in a strong analytic position and that created some biased challenges for my interpretations. While conducting interviews, my position as an interviewer and the resulting power dynamics, even though I was a student just like my participant, could have influenced how comfortable the subject felt sharing information or what information the participant chose to share with me. My position as a student also may have influenced my interactions with participants because I often felt like I could relate to the experiences of my subjects. After acknowledging the lens with which I viewed participants responses, I made a more conscious effort to not ask leading questions, make sure it was the participant guiding the direction of the interview, and do my best not to make assumptions based on my own knowledge or personal experiences. My positionality as a liberal and my existing understanding of the coronavirus pandemic situation impacted the lens through which I viewed my participants’ responses and what information I considered to be most salient. Being aware of this influenced me to do my best to reduce the impact of my positionality while analyzing my data as well.

**Obstacles & Limitations**

 Because in this type of research the researcher is central to the data collection process and the analysis of qualitative data is heavily based on my own interpretations, the researcher’s personal lens can play a role in outcomes. The processes mandated by a grounded theory approach helps to minimize the extent to which researcher perception and opinion affect findings. Per the grounded theory framework, I focused on pattern identification and let interviewees direct interviews depending on what they believed was important rather than what I believed was important. That being said, it is possible that personal perception affected both the data collection process and findings. In addition, it is hard to guarantee the reliability of my interviewees and that they accurately self-reported their beliefs. To reduce this risk, I did my best to make our interview feel like a safe space to share ideas. Even if respondents were not entirely truthful about their own feelings and perceptions, what they chose to present to me was nevertheless revealing of cultural scripts. My results should also not be generalized to larger groups, I am aware that the results only pertain to the sample being studied. I anticipated that people would not directly admit to being racist or xenophobic, so I tailored my questions to indirectly address the research question.

Conducting virtual interviews rather than in person interviews may have made it more difficult to determine body language and control for interview setting. To control for this influence, I conducted all of my interviews virtually, rather than some online and some in person, so each interviewee went through the same online process. I also asked my interview subjects to describe their environment to me during the beginning of the interview. In order to conduct virtual interviews, each participant needed access to a stable internet connection. Unstable connections could have led to breaks during the interview or required postponing the interview to a later date.

While I aimed to recruit a diverse group of students, several demographic limitations exist in my research. First, I was unable to recruit any politically right- wing identifying students despite reaching out to the NU College Republicans organization on campus. This means that my subjects all either identified as liberal or democrat, and perspectives from more conservative students were not included in this research. Second, the racial demographics of this study include mainly White, East Asian- American, and South Asian- American students. While many interviewees identified viewing Black populations as most affected by COVID-19, I was unable to include perspectives from Black Northwestern University students as I had previously hoped. Third, only 3 of my participants were male, only one was non-binary, and the rest were female. While I did not expect significant gender differences in views regarding attributing blame during COVID-19, it is still worth mentioning that the perspectives of women were shared more than men and non- binary individuals in this study. If I were to repeat this study or if it were to be expanded in the future, I would recommend a larger and more demographically diverse group of participants so more perspectives could be included.

Another limitation to this study involved the timing of my research. Due to the on-going nature of the COVID-19 pandemic, new developments emerged as I interviewed participants. This meant that earlier participants reflected on a more limited amount of experiences than later participants. One major event that occurred, for example, was the inauguration of President Biden and his administration, which impacted how participants felt towards the government. If participants were interviewed after the COVID-19 pandemic was officially over, then some would have been able to reflect on more experiences.

**Conclusion**

 The global coronavirus pandemic has drastically changed the way people and institutions interact with one another. In the US, there has been an observable and documented increase in xenophobia and a breakdown of social and institutional trust. Consistent with the United States’ history of scapegoating other populations for major crises, the government primarily blamed China for the origin and spread of the virus. This project aimed to understand how young adults at Northwestern University attribute blame during the coronavirus by looking at their perceptions regarding blame and response-management and looking at how aware they were of social and historical factors that could influence their own perceptions. I found that the way individuals attribute blame during the coronavirus is contingent upon many factors involving personal views and personal experiences and the social, political, and cultural influences shaping these views and experiences. The various ways that blame has been conceptualized show that they all still contribute to perceptions of poor management of the pandemic and a breakdown of social trust in the US.

**References**

Akpan, N., & Jaggard, V. (2020, May 4). *Fauci: No scientific evidence the coronavirus was*

*made in a Chinese lab*. Science.

<https://www.nationalgeographic.com/science/2020/05/anthony-fauci-no-scientific-evidence-the-coronavirus-was-made-in-a-chinese-lab-cvd/>

Atlani-Duault, L., Ward, J. K., Roy, M., Morin, C., & Wilson, A. (2020). Tracking online

heroisation and blame in epidemics. *The Lancet Public Health*, *5*(3), e137–e138.

[https://doi.org/10.1016/S2468-2667(20)30033-5](https://doi.org/10.1016/S2468-2667%2820%2930033-5)

Barde, R. (2003). Prelude to the Plague: Public Health and Politics at America’s Pacific

Gateway, 1899. *Journal of the History of Medicine and Allied Sciences*, *58*(2), 153–186.

Beaumont, P. (2020, May 1). Where did Covid-19 come from? What we know about its origins.

*The Guardian*.

<https://www.theguardian.com/world/2020/may/01/could-covid-19-be-manmade-what-we->

know-about-origins-trump-chinese-lab-coronavirus

Bolsen, T., Palm, R., & Kingsland, J. T. (2020). Framing the Origins of COVID-19. *Science*

 *Communication*, *42*(5), 562–585. <https://doi.org/10.1177/1075547020953603>

Brewster, J. (2020a, April 23). *The Controversial Rumor COVID-19 Originated In A Wuhan Lab*

*Creeps Into The GOP Mainstream*. Forbes.

<https://www.forbes.com/sites/jackbrewster/2020/04/22/the-theory-that-covid-19-originate>

d-in-a-wuhan-lab-creeps-into-the-gop-mainstream/

Brewster, J. (2020b, May 24). *A Timeline Of The COVID-19 Wuhan Lab Origin Theory*. Forbes.

<https://www.forbes.com/sites/jackbrewster/2020/05/10/a-timeline-of-the-covid-19-wuhan>

-lab-origin-theory/

Calisher, C., Carroll, D., Colwell, R., Corley, R. B., Daszak, P., Drosten, C., Enjuanes, L., Farrar,

J., Field, H., Golding, J., Gorbalenya, A., Haagmans, B., Hughes, J. M., Karesh, W. B., Keusch, G. T., Lam, S. K., Lubroth, J., Mackenzie, J. S., Madoff, L., … Turner, M.

(2020). Statement in support of the scientists, public health professionals, and medical

professionals of China combatting COVID-19. *The Lancet*, *395*(10226), e42–e43.

[https://doi.org/10.1016/S0140-6736(20)30418-9](https://doi.org/10.1016/S0140-6736%2820%2930418-9)

CDC. (2020, February 11). *Coronavirus Disease 2019 (COVID-19)*. Centers for Disease Control

and Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/faq.html>

CDC. (2021, March 8). *COVID-19 and Your Health*. Centers for Disease Control and

Prevention. <https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting->

sick/prevention.html

Chamberlain, C. (2020, April 16). *What drives us to blame the marginalized for*

*epidemics?*<https://news.illinois.edu/view/6367/807973>

Cohn, S. K. (2012). Pandemics: Waves of disease, waves of hate from the Plague of Athens to

A.I.D.S. *Historical Journal (Cambridge, England)*, *85*(230), 535–555.

<https://doi.org/10.1111/j.1468-2281.2012.00603.x>

Cotton, T. (2020, April 21). Opinion | Coronavirus and the Laboratories in Wuhan. *Wall Street*

 *Journal*.

<https://www.wsj.com/articles/coronavirus-and-the-laboratories-in-wuhan-11587486996>

Dennon, A. (2021, February 12). *Coronavirus Impacts on Students and Online Learning*.

BestColleges.Com. <https://www.bestcolleges.com/blog/coronavirus-impacts-on-students/>

Druckman, J. N., Klar, S., Krupnikov, Y., Levendusky, M., & Ryan, J. B. (2020). How Affective

Polarization Shapes Americans’ Political Beliefs: A Study of Response to the COVID-19

Pandemic. *Journal of Experimental Political Science*, 1–12.

https://doi.org/10.1017/XPS.2020.28

Ellis, S. (2020, March 6). *Why new diseases keep appearing in China*. Vox.

<https://www.vox.com/videos/2020/3/6/21168006/coronavirus-covid19-china-pandemic>

Escobar, N. (2020, March 4). *When Xenophobia Spreads Like A Virus*. NPR.Org.

<https://www.npr.org/2020/03/02/811363404/when-xenophobia-spreads-like-a-virus>

Firozi, P. (2020, February 17). *Tom Cotton keeps repeating a coronavirus conspiracy theory that*

*was already debunked*. Washington Post.

<https://www.washingtonpost.com/politics/2020/02/16/tom-cotton-coronavirus-conspiracy>

/

Flinders, M. (2020). Democracy and the Politics of Coronavirus: Trust, Blame and

Understanding. *Parliamentary Affairs*. <https://doi.org/10.1093/pa/gsaa013>

Gander, K. (2017, January 6). *The terrifying experiences of a gay man who lived through the*

*AIDs crisis*. The Independent. <http://www.independent.co.uk/life-style/love-sex/aids-crisis-1980-eighties-remember-gay-man-hiv-positive-funerals-partners-disease-michael-penn-a7511671.html>

Gertz, B. (2020, January 26). *Coronavirus may have originated in lab linked to China’s*

*biowarfare program*. The Washington Times.

[https://www.washingtontimes.com/news/2020/jan/26/coronavirus-link-to-china- biowarfar](https://www.washingtontimes.com/news/2020/jan/26/coronavirus-link-to-china-%09biowarfar)e-program-possi/

Gilles, I., Bangerter, A., Clémence, A., Green, E. G. T., Krings, F., Staerklé, C., & Wagner-

Egger, P. (2011). Trust in medical organizations predicts pandemic (H1N1) 2009

vaccination behavior and perceived efficacy of protection measures in the Swiss public.

*European Journal of Epidemiology*, *26*(3), 203–210. <https://doi.org/10.1007/s10654-011->

9577-2

Greenaway, K. H., & Cruwys, T. (2019). The source model of group threat: Responding to

internal and external threats. *American Psychologist*, *74*(2), 218–231.

https://doi.org/10.1037/amp0000321

Hansler, J., Gaouette, N., & Conte, M. (2020, May 6). *Pompeo admits the US can’t be certain*

*coronavirus outbreak originated in Wuhan lab*. CNN.

<https://www.cnn.com/2020/05/06/politics/pompeo-wuhan-lab/index.html>

Huang, C., Wang, Y., Li, X., Ren, L., Zhao, J., Hu, Y., Zhang, L., Fan, G., Xu, J., Gu, X., Cheng,

Z., Yu, T., Xia, J., Wei, Y., Wu, W., Xie, X., Yin, W., Li, H., Liu, M., … Cao, B. (2020).

Clinical features of patients infected with 2019 novel coronavirus in Wuhan, China. *The*

*Lancet*, *395*(10223), 497–506. [https://doi.org/10.1016/S0140-6736(20)30183-5](https://doi.org/10.1016/S0140-6736%2820%2930183-5)

Human Rights Watch. (2020, May 12). *Covid-19 Fueling Anti-Asian Racism and Xenophobia*

*Worldwide*. Human Rights Watch.

<https://www.hrw.org/news/2020/05/12/covid-19-fueling-anti-asian-racism-and-xenophobi>a-worldwide

Jia, W., & Lu, F. (2021). US media’s coverage of China’s handling of COVID-19: Playing the

role of the fourth branch of government or the fourth estate? *Global Media and China*,

*6*(1), 8–23. https://doi.org/10.1177/2059436421994003

Kapiriri, L., & Ross, A. (2020). The Politics of Disease Epidemics: A Comparative Analysis of

the SARS, Zika, and Ebola Outbreaks. *Global Social Welfare*, *7*(1), 33–45.

<https://link.springer.com/article/10.1007/s40609-018-0123-y>

Kavanagh, M. M. (2020). Authoritarianism, outbreaks, and information politics. *The Lancet*

*Public Health*, *5*(3), e135–e136. https://doi.org/10.1016/S2468-2667(20)30030-X

Kimble, C. (2019, March 15). *How Trump’s Lies about the Wall Undermine Our Criminal*

*Justice System*. Brennan Center for Justice. <https://www.brennancenter.org/our-work/analysis-opinion/how-trumps-lies-about-wall-undermine-our-criminal-justice-system>

Lanham, A. (2020, March 30). *American Racism in the Time of Plagues*[Text]. Boston Review.

<http://bostonreview.net/race/andrew-lanham-american-racism-time-plagues>

Lau, J. (2020, March 23). *Coronavirus sparks a rising tide of xenophobia worldwide*. Times

Higher Education (THE).

<https://www.timeshighereducation.com/news/coronavirus-sparks-rising-tide-ofxenophobi>

a-worldwide

Lazarus, J. V., Ratzan, S., Palayew, A., Billari, F. C., Binagwaho, A., Kimball, S., Larson, H. J.,

Melegaro, A., Rabin, K., White, T. M., & El-Mohandes, A. (2020). COVID-SCORE: A

global survey to assess public perceptions of government responses to COVID-19

(COVID-SCORE-10). *PLOS ONE*, *15*(10), e0240011.

https://doi.org/10.1371/journal.pone.0240011

Lozano, E. B., & Laurent, S. M. (2019). The effect of admitting fault versus shifting blame on

expectations for others to do the same. *Public Library of Science ONE*, *14*(3), e0213276.

Gale Academic OneFile.

Malle, B., Guglielmo, S., & Monroe, A. (2014). A Theory of Blame. *Psychological Inquiry*, *25*,

147–186. <https://doi.org/10.1080/1047840X.2014.877340>

Mazzetti, M., Barnes, J., Wong, E., & Goldman, A. (2020, April 30). *Trump Officials Are Said to*

*Press Spies to Link Virus and Wuhan Labs—The New York Times*.

<https://www.nytimes.com/2020/04/30/us/politics/trump-administration-intelligence-coron>

avirus-china.html

Nadler, J., & McDonnell, M.-H. (2012). Moral character, motive, and the psychology of blame.

*Cornell Law Review*, *97*(2), 255–304.

<https://scholarlycommons.law.northwestern.edu/facultyworkingpapers/14>

Rieger, M. O., & Wang, M. (2020). *Trust in Government Actions during the COVID-19 Crisis*.

23.

Rosenberg, C. (1959). The Cholera Epidemic of 1832 in New York City. *The Johns Hopkins*

*University Press*, *33*(1), 37–49.

Rothschild, Z. K., Landau, M. J., Sullivan, D., & Keefer, L. A. (2012). A dual-motive model of

 scapegoating: Displacing blame to reduce guilt or increase control. *Journal of*

*Personality and Social Psychology*, *102*(6), 1148–1163.

<https://doi.org/10.1037/a0027413>

Shaver, Kelly G. (1985). *The attribution of blame : causality, responsibility, and*

*blameworthiness*. Springer-Verlag.

Sibley, C. G., Greaves, L. M., Satherley, N., Overall, N. C., Lee, C. H. J., Milojev, P., Bulbulia,

J., Osborne, D., Milfont, T. L., Houkamau, C. A., Duck, I. M., Vickers- Jones, R., &

Barlow, F. K. (2020). Effects of the COVID-19 pandemic and nationwide lockdown on

trust, attitudes toward government, and well-being. *American Psychologist*, *75*(5), 618.

https://doi.org/10.1037/amp0000662

Singer, P. M., Willison, C. E., & Greer, S. L. (2020). Infectious disease, public health, and

politics: United States response to Ebola and Zika. *Journal of Public Health Policy*,

*41*(4), 399–409. https://doi.org/10.1057/s41271-020-00243-0

Solomon, D., & Blanding, D. (2020, March 30). *The Coronavirus Pandemic Is Fueling Fear and*

*Hate Across America*. Center for American Progress.

<https://www.americanprogress.org/issues/race/news/2020/03/30/482407/coronavirus-pan>

demic-fueling-fear-hate-across-america/

Taylor, S. K.-W., Laramie D. (2008). The Blame Game: Elements of Causal Attribution and its

Impact on Siding with Agents in the News - Silvia Knobloch-Westerwick, Laramie D.

Taylor, 2008. *Communication Research*. <https://journals-sagepub->

com.turing.library.northwestern.edu/doi/10.1177/0093650208324266

Woodward, A. (2020, February 26). *Both the new coronavirus and SARS outbreaks likely started*

 *in Chinese “wet markets.” Historic photos show what the markets looked like.*Business

Insider.

<https://www.businessinsider.com/wuhan-coronavirus-chinese-wet-market-photos-2020-1>

**Appendix**

**Interview Protocol**

**Brief demographics questionnaire to be completed before the interview:**

**If you prefer not to answer any question, you can leave the answer blank.**

1.    What race(s) do you identify as?

2.    What gender(s) do you identify as?

3.    What is your sexual orientation(s)?

4.    How would you identify your socio-economic status?

5.    What is your political affiliation, if any?

6.    Do you have a disability?

7.    What is your year in school?

8.    What is your major(s)?

9.    What are your preferred pronouns?

**Icebreakers:**

1.     How are you doing today?

2.     What’s the rest of your day look like? The rest of your week?

**Initial Info:**

1.    Tell me about yourself.

2.    Where are you originally from?

3.    Where are you spending this quarter?

1.    Can you tell me briefly why you decided to spend your quarter at (At home? On campus?)

2.    What influenced your decisions to stay or not stay on campus, both during the beginning of the pandemic and during fall?

4.    Can you describe the environment you are in while taking part in this interview?

**Background Info: (Personal Life)**

1. Can you tell me about your current living arrangements?

a.     Do you live with anyone?

b.     What is your relationship with the people you live with?

c.     Why did you choose to live on or off campus?

d.     How did the pandemic affect your housing?

1.    Did you leave campus when it began?

2.     Where were you living before the pandemic began?

1. Do you have a job?

a.     If so, how many hours a week do you work?

b.     Why do you work?

c.     How has the pandemic affected your work?

1.    Were you working before the pandemic began?

2.    Did the pandemic affect your job search?

3.     Did you lose a job during the pandemic?

1. What other engagements do you have?
2. How has your use of social media or any other technology been affected by the pandemic?
3. Were you ever diagnosed with COVID-19?

a.    If so, can you tell me about your experience with COVID-19?

b.    Do you know how you were exposed to the disease- what are you thoughts about how you were exposed?

c.    Did you share your diagnosis with others? Why or why not?

1.    If you chose to share your diagnosis, how did others respond?

1. What role do you think you personally have in affecting the spread of the virus?
	1. What sorts of things have shaped your understanding of your role?
	2. Do you think others have a different role than you? Explain, why, etc.
2. What measures have you taken to stop the spread of the virus?

a.    Did you engage in social distancing, quarantine, or wearing a mask?

1.    If so, for how long and how strictly?

2.    If no, why not?

b.    How do you feel about social distancing? Quarantine? Mask wearing?

8.    How was your family impacted by the pandemic?

a.     How, if at all, did the pandemic affect the livelihood of your close relatives?

b.     How, if at all, did the pandemic affect the mental health or stress of your close relatives?

c.     Have your family dynamics changed as a result of the pandemic?

d.     Have you had any friends or relatives diagnosed with COVID-19?

1.    Can you tell me about their experience with the illness (ease of diagnosis, how others responded, etc.).

2.    Do you know how this person was exposed to the disease- what are your thoughts about how they were exposed?

e.     How do you feel about the ways that your family has behaved during the pandemic?

f.     Have you lost relatives or friends to COVID-19?

1. Have you or your loved ones had any negative social experiences during the coronavirus outbreak?

a.    If so, can you tell me about your experience?

b.    Have you or your loved ones experienced harassment during the coronavirus outbreak? If so, can you tell me about your experience?

10. How has the pandemic affected your relationships with your peers?

11. How has the pandemic affected your relationship with your community, institutions, and government?

12. How, if at all, has the pandemic affected your mental health or stress?

**Targeted Questions**

1)    What emotions did you feel when the outbreak began? Why?

2)    How has your daily life been affected since the pandemic began?

3)    How have your interactions with strangers been affected since the pandemic?

4)    Can you tell me how you felt about public spaces during the beginning of the pandemic?

a.    Can you tell me how you feel about public spaces now?

b.    What sorts of things affected the ways in which you felt or feel about public spaces?

5)    Have you been trying to keep up with the coronavirus pandemic news?

a.    If so, how do you try to stay informed?

6)    What have you heard about the coronavirus from popular news networks?

a.    How do you feel about the way they talk about the virus? Why do you feel they talk this way?

7)   How have you seen the pandemic talked about on social media?

a.    What role has social media played in your understanding of the pandemic? (Please give examples of different social media platforms)

b.    What ways has social media been a help or “good” during the pandemic?

                                               i.     In what ways has it been “bad?”

8)    Where do you get your COVID-19 related news?

a.    Where do you intentionally seek out information and where do you unintentionally get information?

b.    How do you feel about the way that your sources portray information?

9)    What role do you think the media has played in the public’s understanding of and reaction to the pandemic?

a.    What role should it play?

10)How do you decide whether to trust the information you see in the media?

11)How do your family members and friends talk about coronavirus?

a.    How do you feel about the way they talk about the virus?

b.    Why do you think they think about it the way that they do?

12)How do you think coronavirus has affected the public?

13)How do you think coronavirus has affected the economy?

14)How do you think coronavirus has affected politics?

15)How has the federal government talked about the virus?

a.    How do you feel about the way they talk about the virus? Why do you feel they talk this way?

b.    What about your more local (state/ city) governments?

16)How, if at all, do you think our political climate has influenced the pandemic?

17)How do you think other countries perceive the US right now?

18)Who do you think was affected most by this pandemic?

a.    Why do you think they were affected most?

19)Can you tell me about the origins of COVID- 19?

a.    How did you come to this understanding?

20)Do you believe the pandemic could have been avoided?

a.    If so, how?

b.    If not, why?

21)Do you think someone can or should be blamed for starting the pandemic? Why?

a.    What sorts of things have shaped your thinking about this?

22)Should someone or something be held responsible for the coronavirus pandemic? If so, who or what?

23)How do you feel about the US government?

a.    What role do you think the pandemic is playing in how you feel about the US government?

24)What role do you think the US plays in dealing with coronavirus? What about on a global scale? Why?

25)How do you feel about the way the US has handled the coronavirus pandemic?

a.    How do you feel about how other countries have handled the pandemic?

b.    Would you recommend a different approach to addressing the pandemic?

26)Do you think that any of your identities have affected your experience during the pandemic? Can you tell me how?

a.    Do you think your race in particular has influenced your experience during this pandemic?

b.    Do you believe the pandemic has affected your racial group?

27)Why do you think COVID-19 cases are high in the US and have been difficult to decrease?

28)What, if anything, do you think the public can do to stop the spread of the virus?

a.    What, if anything, or who is supporting the public in these efforts?

b.    What, if anything, or who is making it more difficult for the public in these efforts?

29)What do you think policymakers and politicians can do to stop the spread of the virus?

a.    What, if anything, are policymakers and politicians doing to hinder this effort?

30)Can you tell me about any conspiracy theories you may have heard regarding the coronavirus?

a.    Where did you hear about them?

b.    What about them does or doesn’t make them seem credible?

c.    How do you personally feel about these theories?

31)How, if at all, has the pandemic affected your view on science or scientists?

32)How do you feel about the unity of our country?

a.    What role has the pandemic played in the state of unity in our country?

2)    Is there anything else you’d like to tell me?