

Social Trust as a Predictor of Opinions on COVID-19 Response

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Abstract: Social trust has been found to be an important factor in political participation, although this relationship may be dependent upon context. For instance, political views may be influenced by the groups with whom that trust is formed. Prior work has pointed to the importance of social trust in predicting behaviors related to COVID-19 as well as rates of transmission and containment. Leveraging data from the 2020 American National Election Study, the relationship between interpersonal trust and COVID-19 opinions in the United States is examined, specifically looking at views on state and federal COVID-19 responses, belief in vaccines and hydroxychloroquine, feelings towards Dr. Anthony Fauci, and the belief that COVID-19 was developed in a lab. In addition to Republicans and conservatives, as expected, being more skeptical of COVID-19 restrictions and treatments, interpersonal trust is found to be associated with attitudes that both might be expected to mitigate as well as exacerbate COVID-19 transmission. Further, the effects of interpersonal trust on COVID-19 attitudes are shown to be filtered through a partisan lens, with differing effects of personal trust for Democratic and Republican party identifiers. Such findings add complexity to the role that social trust plays in political and social behaviors in the context of a pandemic.

Keywords: American Politics, COVID-19, Social Trust, Survey Research, Partisanship

1. Introduction

Trust has long been an important concept in discussions of political participation and behavior. A positive relationship exists between, among other things, interpersonal trust and direct political action [1]. Low-trust individuals may decline to participate in politics when faced with a hostile social network [2]. The relationship between trust and political behavior is highly context-dependent, such that, for example, the link between individual-level trust and voting behavior is dependent upon aggregate societal trust [3]. Political trust, meanwhile, has been shown to be positively linked to institutionalized participation, but negatively linked to non-institutionalized participation [4].

Just as it has been tied to general political participation, trust may be linked to views on COVID-19. Increased social trust may indicate a willingness to help others in society [5]. Globally, measures of trust in government and interpersonal trust are associated with lower COVID infection rates [6]. High-trust regions in Europe were shown to decrease non-essential travel more than low-trust regions [7]. Increased social trust may be

related to both a faster neutralization of COVID-19 but also to faster initial transmission [8]. Research specific to South Korea demonstrated the changing nature of trust during the pandemic, with improving trust in central and local governments being associated with proactive responses to the pandemic [9]. Goldstein and Wiedemann [5] find that a gap in compliance with stay-at-home orders between Democratic and Republican locales in the United States was exacerbated by social capital, with higher social capital increasing compliance for Democratic counties and noncompliance for Republican counties. That said, their approach is limited to the use of aggregate behavioral data. Woelfert and Kunst [10] argue that social trust can have both positive and negative associations with social distancing, as trusting people may engage in COVID prevention measures that may be considered altruistic behaviors but also have more social interactions than less-trusting individuals. Social trust has even been shown to influence the stock market during the COVID-19 pandemic, with lower market volatility in high-trust countries [11]. Firms headquartered in high social trust US states were shown to perform better than those in low social trust states during the crisis [12]. Specific to the COVID-19 vaccine, political trust has been

shown to be correlated with vaccine hesitancy [13].

The influence of trust on political behavior should be expected to be moderated by those with whom that trust is formed. Polarization on climate change attitudes, for example, may be driven by the personal interest individuals have in forming beliefs in line with those held by people with whom they hold close ties [14]. As cues from social networks can influence beliefs about policy [15], partisanship should influence the direction and strength of the effect of social trust on COVID-19 attitudes.

Building on the work of Goldstein and Wiedemann [5], on the individual level an interaction should exist between social trust and partisanship, such that social trust for Democratic partisans is more strongly related with expert-recommended COVID reduction strategies than for Republican partisans.

2. Methodology

Data is taken from the 2020 version of the American National Election Study. Measures of trust in the media are not particularly interesting, given the strong correlation between trust in the mainstream media and political party identification (correlation=-.56, indicating increased distrust with increasingly strong Republican partisanship). While a measure asking about trust in Washington government officials is only modestly correlated with party identification (correlation=.07 between trust and Republican partisanship), it is unknown during a period of divided government who various respondents may think of when conceptualizing the government in Washington – the president, Congress, etc.

Thus, social trust is focused upon. This measure is taken from a question asking, “Generally speaking, how often can you trust other people?” with answers on a five-point scale ranging from always to never. This variable is rescaled to run from 0 to 1, with 1 representing maximum trust. The other variable of interest for my main hypothesis, partisanship, is taken from a seven-point measure ranging from strong Democrat to strong Republican, recoded to run from 0 to 1.

Specifically, this study looks at the effect of trust on several COVID-19 attitudes: the belief in hydroxychloroquine as an effective treatment, the belief that the benefits of vaccines (generally, not specific to COVID) outweigh the costs, the belief that COVID was developed in a lab, the belief that federal action on COVID was too swift, a measure of belief on the strictness of state COVID measures, the belief that the respondent’s state was reopened too quickly, and a feeling thermometer on Dr. Anthony Fauci. Each of the seven measures are standardized with a mean of 0 and standard deviation of 1, with higher values indicating less acceptance of COVID restrictions or science-backed positions, or less warm feelings toward Anthony Fauci.

Controls are included for differences in racial and ethnic groups with dummy variables for Black, Hispanic, and Asian respondents, as is a dummy for respondents residing in rural areas and small towns. Also included in the model are age (in years, capped at 80), income (0 to 1, minimum to maximum), ideology (7-point scale recoded 0 to 1, strong liberal to strong conservative), and education (0 to 1, minimum to maximum) as independent variables, as well as a dummy for having a household member who tested positive for COVID or had COVID symptoms. Weighted linear regression is used with ANES survey weights.

3. Results

As expected, ideology and partisanship produce the most consistent main effects – with GOP identifiers and conservatives being less in favor of COVID-reducing measures, more likely to believe in the effectiveness of hydroxychloroquine and believe COVID was generated in a lab, and less warm toward Anthony Fauci. Ideology is significant ($p < .05$) across all seven questions (see Tables 1 and 2), while partisanship is significant ($p < .05$) across all but the vaccine question. As this polling took place before vaccines were available to the general public, it’s not surprising that this question would not be as polarized by partisanship. Further, even for this general vaccine question, partisanship is marginally significant ($p < .1$) when ideology is removed from the model.

Table 1. Trust and Partisanship on COVID-Mitigating Policies, 2020 ANES.

	State Re-Opened Too Slowly Standardized 5-pt. measure, much too quickly to much too slowly	Fed. Response Too Quick Standardized 5-pt. measure, much too slow to much too quick	State COVID Limits Too Strict Standardized 5-pt. measure, not nearly strict enough to far too strict
Education	-.052 (.069)	-.113 (.049)*	-.037 (.062)
Age	-.001 (.001)	-.004 (.001)*	-.002 (.001)*
Ideology	.620 (.103)*	.988 (.083)*	.809 (.090)*
Income	.061 (.060)	-.191 (.046)*	.122 (.051)*
Rural	-.013 (.031)	.107 (.031)*	.085 (.034)*
Symptoms	-.003 (.047)	-.050 (.036)	-.017 (.047)
Black	.075 (.059)	.000 (.063)	-.186 (.062)*
Latino	-.135 (.064)*	-.118 (.047)*	-.291 (.053)*
Asian	-.201 (.088)*	.002 (.073)	-.132 (.075)
Party ID	.514 (.130)*	.939 (.101)*	.811 (.122)*
Trust People	.114 (.132)	-.020 (.108)	.365 (.110)*
Party*Trust	-.113 (.208)	.169 (.164)	-.256 (.184)
Constant	-.517 (.109)*	-.667 (.091)*	-.853 (.103)*
R ²	.09	.36	.22
N	6878	6876	6889

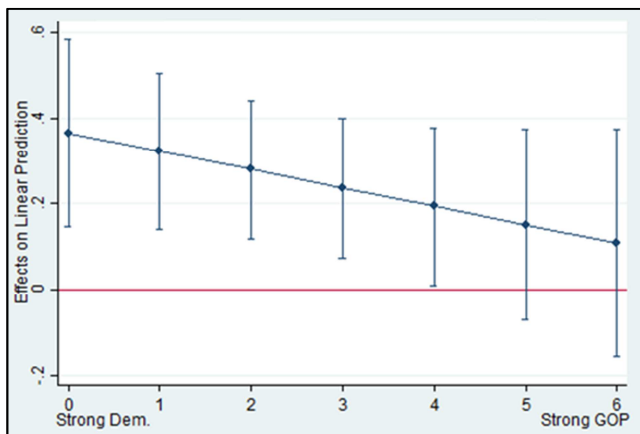
*=sig.<.05, two-tailed test, weighted reg. using ANES survey weights

Table 2. Trust and Partisanship on COVID-Related Attitudes, 2020 ANES.

	Fauci Therm.	Vaccine Risk	HCQ Effectiveness	COVID Developed in Lab
	Standardized feeling thermometer, reverse-coded	Standardized 7-point measure, benefits much greater than risks to risks much greater than benefits	Standardized 10-point measure, extremely confident no evidence of effectiveness to extremely confident evidence exists	Standardized 10-point measure, extremely confident not developed in lab to extreme confidence in lab development
Education	-.239 (.060)*	-.373 (.066)*	-.272 (.060)*	-.518 (.058)*
Age	-.012 (.001)*	-.008 (.001)*	-.004 (.001)*	.000 (.001)
Ideology	.929 (.079)*	.517 (.088)*	.894 (.089)*	.923 (.083)*
Income	-.292 (.045)*	-.515 (.056)*	-.221 (.050)*	-.268 (.058)*
Rural	.063 (.033)	.055 (.034)	.062 (.030)*	.047 (.034)
Symptoms	.041 (.045)	-.116 (.043)*	.036 (.039)	.035 (.044)
Black	.118 (.051)*	.608 (.062)*	.126 (.050)*	.397 (.057)*
Latino	.064 (.049)	.164 (.049)*	.059 (.052)	.149 (.051)*
Asian	-.097 (.062)	-.003 (.082)	.015 (.065)	-.067 (.084)
Party ID	.798 (.113)*	.058 (.136)	.615 (.113)*	.522 (.116)*
Trust People	-.286 (.115)*	-.518 (.141)*	-.136 (.095)	-.482 (.122)*
Party* Trust	.212 (.169)	.239 (.219)	.333 (.173)	.219 (.184)
Constant	.098 (.084)	.783 (.099)*	-.307 (.077)*	-.142 (.089)
R ²	.34	.19	.26	.27
N	6757	6807	6741	6765

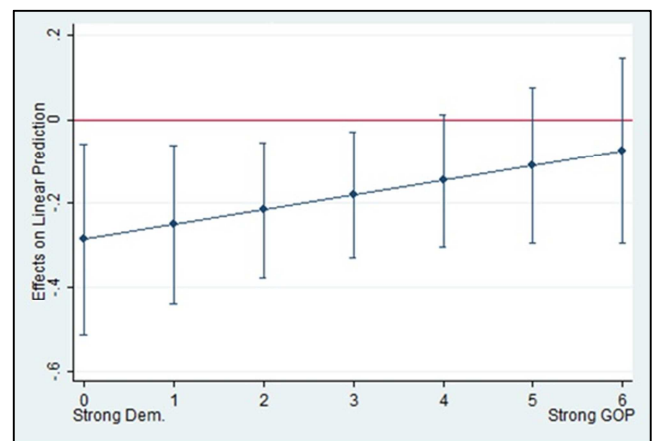
*=sig.<.05, two-tailed test, weighted reg. using ANES survey weights

Age tends to be significantly related with COVID-mitigating beliefs across questions, as are education and income, although wealth is associated with the belief that state COVID restrictions are too strict. Trust, meanwhile, is related to a disbelief that COVID was developed intentionally in a lab and a belief in the benefits of vaccines, as well as positive feelings toward Dr. Fauci, although trust is also associated with a belief that state COVID limits are too strict, perhaps indicating that those with higher levels of social trust put their faith in fellow citizens to mitigate COVID of their own volition. Here we see social trust operating in ways that could both lessen and exacerbate the pandemic, not dissimilar to the work of Woelfert and Kunst [10].

**Figure 1.** Average Marginal Effects of Interpersonal Trust on COVID Limits, 95% CIs.

In using marginal effects to examine the significance of interactions, interesting patterns emerge for two dependent variables. First, interpersonal trust is a statistically significant predictor of the belief that state COVID limits are too strict for Democrats and moderates but not for Republican identifiers (Figure 1). Perhaps variance exists for Democrats and

moderates on which trust may be a factor, but for GOP identifiers trust does not predict what is already strongly influenced by ideology. In other words, perhaps there is a ceiling effect for Republican partisans.

**Figure 2.** Average Marginal Effects of Interpersonal Trust on Fauci Therm., 95% CIs.

Trust is a predictor of positive feelings toward Dr. Fauci, but, once again, the effect becomes insignificant for GOP identifiers (Figure 2). An explanation here could be that social trust predicts feelings towards political actors when a group views that figure as a legitimate target in whom to place trust.

Given the lack of significance for the interaction term on many individual measures and the limited number of choices given to subjects to differentiate their opinions, these seven questions are combined into an additive composite measure. A Cronbach's alpha of .77 for the seven items indicates good internal consistency. As expected, we see these COVID-adjacent attitudes are driven strongly by ideology and partisanship in the expected direction, while trust approaches significance ($p < .1$) in a direction related to COVID-mitigating attitudes (Table 3). Education and income

are significantly associated with COVID-mitigating attitudes, while the rural and African American variables are significant in the opposite direction.

Table 3. *Trust and Partisanship on Aggregate COVID Attitudes, 2020 ANES.*

Education	-1.58 (.253)*
Age	-.031 (.003)*
Ideology	5.72 (.330)*
Income	-1.30 (.212)*
Rural	.385 (.134)*
Symptoms	-.084 (.167)
Black	1.18 (.194)*
Latino	-.077 (.186)
Asian	-.525 (.266)
Party ID	4.33 (.499)*
Trust People	-.851 (.434)
Party*Trust	.706 (.769)
Constant	-1.72 (.341)*
R ²	.46
N	6568

*=sig.<.05, two-tailed test, weighted regression using ANES survey weights

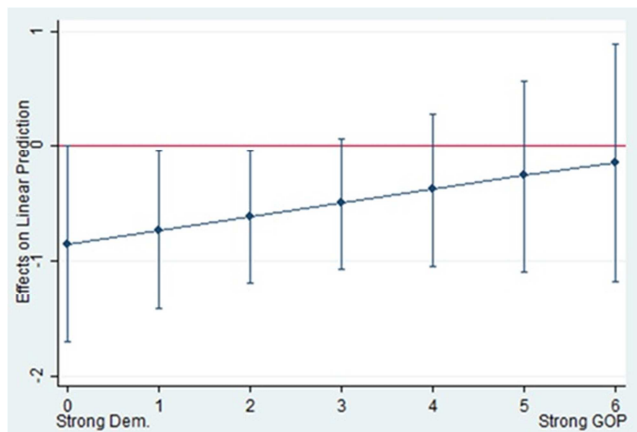


Figure 3. *Average Marginal Effects of Interpersonal Trust on COVID Attitudes, 95% CIs.*

Looking at the interaction of interpersonal trust and partisanship (Figure 3), trust does predict an increase in what could collectively be called COVID-mitigating attitudes for Democratic respondents (specifically, weak Democrats and Democratic leaners), but does not for GOP respondents. This was not exactly expected, as given the hypothesis one would expect the sign to reverse on the relationship for Republicans. While the interaction term was in the expected direction for several of my dependent variables, statistical significance was lacking except where noted above.

4. Conclusion

An unexpected result here is that while interpersonal trust can sometimes work to prevent the spread of COVID by making people more likely to get vaccinated and more trusting of public health officials like Dr. Anthony Fauci, it is also associated with a belief that state COVID restrictions are too strict. More broadly, the evidence here suggest that trust may have both benefits and drawbacks when it comes to eliminating COVID-19 – similar to the findings in prior

research [8, 10]. Further, trust seems to influence Democrats more than Republicans with regard to COVID-19 attitudes, perhaps because partisanship and ideology place a cap on movement for GOP identifiers.

The results here are rather rudimentary. Future directions for this research include tapping into geographic variance. Questions about governments' COVID responses, particularly at a state level, should be placed in the context of those responses. For example, a relationship between wealth and state COVID restrictions takes place within the context of those states, because the restrictions may vary by state and wealth concentrates in certain states, as well. Another valuable direction would involve placing individuals within the context of their own social networks, rather than the more general relationship between partisanship, social trust, and COVID attitudes.

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