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A Virus of Distrust? Existential Insecurity and Trust During the Coronavirus Pandemic

Jan Delhey^{*1}, Leonie C. Steckermeier¹, Klaus Boehnke^{2,3}, Franziska Deutsch², Jan Eichhorn⁴, Ulrich Kühnen², Christian Welzel⁵

September 14, 2021

Abstract

Trust is widely considered a critical resource for modern societies, and in times of crisis like the coronavirus pandemic, its importance is even greater: More than ever we depend on fellow citizens to behave responsibly, and on institutional actors to make the right decisions. Looking at trust from an existential security point of view, this paper investigates trust's relationship with pandemic-induced insecurities. We explore how levels of social trust (trust in strangers) and institutional trust (trust in the government and in the public healthcare system) have developed over the pandemic period, and how trust relates to individuals' experiences of sickness and economic hardship as well as respective fears. Using panel data from Germany and the United Kingdom for 2020 and 2021, we find that average levels of trust have remained quite stable. Nevertheless, whereas individuals' social trust is largely unrelated to insecurities, institutional trust is strengthened by health-related insecurities and weakened by economic insecurities. In both countries, pandemic-induced fears matter more for institutional trust than experienced insecurities. Our results indicate the importance of expectation management, and suggest that the economic and health implications of the pandemic should be regarded as separate challenges.

Keywords: Covid-19, social trust, trust in governments, trust in healthcare systems, economic insecurity, health insecurity, fears, vulnerability

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Introduction

Since first emerging in China in December 2019, the novel coronavirus (Covid-19) has killed more than four million people worldwide (by the end of July 2021) and infected many millions more. Governments all over the globe, including in Europe, decided to impose lockdowns on their populations, causing public life to freeze to a degree unimaginable until recently, and economies to shrink. Therefore, the coronavirus pandemic not only constitutes a dramatic health crisis at a global scale, but a severe economic crisis, too, undermining people's existential security in various ways, even in affluent Europe. In this context, social science research has sought to ascertain the size of Covid-19's impact on societies, families and individuals. This paper is interested in how the pandemic is affecting people's trust.

Trust is widely seen as a social glue for societies and political communities (Putnam, 1995), and as a lubricant for economic life (Fukuyama, 1995). Arguably, at this time of the coronavirus pandemic, trust's potential to enable collective action is especially crucial, as political elites need public support for unpopular measures, and citizens must commit themselves to comply with social distancing practices and other unwanted interventions in everyday life (for the positive role of trust, see Lindholdt et al., 2021; Helliwell et al., 2021; for mixed results, see Alessandri et al., 2020, Nivette et al., 2021).

This paper examines trust from an existential security point of view. Based on the premise that the normalcy model of existential security—which holds that security promotes trust, whereas insecurity jeopardizes it—may be suspended in times of an acute exogenous crisis, we are interested in whether and how the insecurities triggered by the coronavirus pandemic have affected trust at different stages of the pandemic (in spring 2020 and 2021). Specifically, we investigate how individuals' pandemic-induced health and economic concerns (being currently affected as well as fears of being affected in the near future) relate to three forms of trust, namely general social trust, trust in the government, and trust in the public healthcare system. With this research question we address an important knowledge gap regarding the relative importance of the health and economic shock associated with the pandemic (see Amat et al., 2020: 25–26), and more generally the complexity and dynamics of trust's relationship with vulnerability (Misztal, 2011). To explore this relationship, we use two waves of representative online panel survey data for Germany and the United Kingdom (UK) from the “Values in Crisis” project (henceforth: VIC).

Our paper contributes in several ways to existing knowledge about existential (in)security and trust, both generally and during the pandemic specifically (cf. Devine et al., 2020 for a first review). First, while the impact of the Covid-19 crisis on political trust has received considerable attention, we also look at social trust and trust in the healthcare system, the latter of which is rarely studied. Second, even though there is mounting evidence that the pandemic initially

drew societies together rather than apart (e.g., Kritzinger et al., 2021), evidence beyond the early stages of the pandemic is scarce. Third, as our analysis utilizes panel data collected in 2020 and 2021, we can track the dynamics of trust for the same individuals, and explore the associations between crisis-induced existential insecurity and trust as the pandemic unfolded. The paper proceeds as follows. In section 2 we present our conceptual and theoretical considerations. We briefly define the different forms of trust under investigation, and outline an existential security theory of trust for times of both social normalcy and crisis. In section 3 we describe how the pandemic progressed in the two countries studied here—Germany and the UK—and develop the hypotheses. We introduce our data as well as the key variables used in the analysis in section 4, before presenting the empirical findings in section 5. Finally, in section 6 we discuss the key results and identify some lessons provided by the current crisis for our general understanding of trust.

Conceptual clarification and theoretical approach

Forms of trust: social trust and trust in institutions

Trust can be defined as a “bet on the future contingent action of others” (Sztompka, 1999: 25). When we trust, we positively judge the honesty, benevolence and competence of specific or generalized others: we expect them to at least not knowingly do us harm, and to look after our interests, if possible (Delhey and Newton, 2005: 311). Therefore, trust is future-oriented—albeit fed by past experiences—and involves the risk that our bet is misguided.

It has been argued that even in the case of institutions and abstract systems, trust is ultimately about the behavior of the people who represent and run them (Sztompka, 1999). Nevertheless, it is common to distinguish between trust in people (social trust) and trust in institutions (often called political trust, although institutions need not be political in the narrow sense of the word). *Social trust* refers to fellow citizens of varying degrees of familiarity, from family members to categories of unknown people and strangers (Delhey et al., 2011, Sztompka, 1999). In modern societies, general social trust, which is characterized by its wide radius, is seen as a particularly valuable and “civic” resource (Delhey et al., 2011). *Institutional trust*, by contrast, refers to a wide range of societal institutions and public facilities as trust objects (Levi and Stoker, 2000, Newton, 2007), such as the government or the public healthcare system. In times of social normalcy, trust in institutions partly depends on how citizens assess their ability to provide certain outputs, and thus on their performance (Bouckaert and Van de Walle, 2001). Despite their conceptual distinction, empirically there is a moderate overlap between social trust and political trust in Western democracies (Zmerli and Newton, 2008).

Existential insecurity and trust in times of social normalcy

A characteristic of trust that is particularly relevant to this paper is that where it is lent, the trust giver becomes vulnerable (Misztal, 2011): a book lent may not be returned, a political promise may not be delivered, an institutional output may not be provided. This is where *existential security* comes into play: Actors who enjoy existential security, such as with respect to their health status, economic conditions, or social existence, are in a better position to expose themselves to vulnerability than are insecure actors. A key proponent of existential security theory is Ronald Inglehart (Inglehart, 1997, Inglehart, 1999), who has demonstrated that socioeconomic insecurity is detrimental to the development of pro-social values and orientations, including social trust. Issues of existential security also play a role in Sztompka's (1999) encompassing trust culture model, which stresses, among other ingredients, the importance of a stable social order, a secure job and a stable family. According to this framework, too, *insecurities* of various kinds undermine trust.

The notion of existential (in)security is to be understood not only in objective terms. Inglehart often refers to people's *sense* of existential (in)security, and Gasper (2005) defines insecurity as a lack of fulfillment of basic needs and a fear of instability. Thus, independently of being threatened *objectively*, *fearing* existential threats can undermine the human propensity to trust, too. In our empirical analysis, we consider this dual nature of (in)security by examining people's experienced and feared insecurity.

Previous research strongly corroborates the assumed link between existential insecurity and low trust *in times of social normalcy*. Evidence exists for regions with a high load of communicable diseases prior to industrialization (Thornhill *et al.*, 2009), for descendants of migrants to the United States who came from countries differently affected by the Spanish flu pandemic of 1918–1920 (Aassve *et al.*, 2021), for countries that experienced state-organized spying on the population and arbitrary arrest, e.g., in Eastern Europe during communism (Mishler and Rose, 2001), and for poverty-stricken countries (Inglehart, 1997). Within populations, a similar pattern arises: In most countries, living on a low income is associated with less social trust (Eurofound, 2018), and financial dissatisfaction with less political trust (Catterberg and Moreno, 2005). Likewise, poor health correlates with low social trust (Eurofound, 2018) as well as low confidence in the public health system (Zhao *et al.*, 2019). Further, individuals who feel unsafe in their neighborhood and who score high on general anxiety trust other people less (Delhey and Newton, 2003). The fact that victimization experiences such as being hit or injured do *not* robustly lower social trust (Bauer, 2014), while *feeling* unsafe does, suggests that subjective insecurity may have a stronger bearing on individuals' trust than objective insecurity.

Existential insecurity and trust in times of crisis: two scenarios

The recent outbreak of the Covid-19 pandemic has shaken societies, confronting us all with unknown and life-threatening risks. How do societies respond? One scenario is “coming apart” (Borkowska and Laurence, 2021), characterized by weakening bonds of social cohesion among members of societies—as any fellow citizen could carry the virus and thus be a threat—and decreasing confidence in public institutions, which have little experience, at least in Europe, in fighting a pandemic. The loss of trust should be especially pronounced among the structurally vulnerable—probably amplifying the negative association with trust that is common in times of social normalcy—and among those who feel especially threatened by the crisis. Indeed, “[d]epending on the level of our vulnerability, unexpected events can become a source of distrust and then the protection of self-interest becomes the priority” (Misztal, 2011: 371). According to this self-protective logic, crisis-related insecurities, whether actually experienced or feared, should also be negatively associated with trust. Supportive evidence for this scenario comes from the eurozone crisis, as declining levels of political (although not social) trust were common, especially in debtor countries with high levels of unemployment (Ervasti *et al.*, 2019, Foster and Frieden, 2017).

In contrast to the eurozone crisis, the coronavirus pandemic is, at least initially, an *exogeneous* threat for which neither national governments nor fellow citizens bear the blame. In such a situation, “coming together” (Borkowska and Laurence, 2021) may be the more likely scenario: societal communities close ranks in order to withstand the shared threat. Part of this positive scenario is what political scientists call *rally-round-the-flag*: surging support for governments, which are expected to solve the crisis and shield the population from harm (Kritzing *et al.*, 2021). In Western countries, such a “coming together” has been demonstrated e.g., for terrorist attacks (Dinesen and Jæger, 2013, Woods, 2011). As Misztal notes, this scenario rests on the idea that trust can serve as a “promise-related mechanism” (2011: 371) to cope with situations of overwhelming uncertainty: “In short: trust, as adaptive response to uncertain futures, offers some security and, to paraphrase Hume, reinforces ‘bonds of security’” (2011: 372). The psychological benefit is the creation of “islands of certainty in an ocean of uncertainty” (Ahrendt, 1958: 244).

The idea of trust as an adaptive response has implications for the individual-level link between insecurity and trust, too. For one, the familiar social profile of trusters (concerning structural vulnerabilities such as low income and low education) is likely to be present in times of crisis, albeit in an attenuated form. However, the key point is that coping with newly emerging *crisis-related insecurities* (e.g., the fear of contracting Covid-19) necessitates trust as an adaptive response; consequently, such insecurities should be *positively*, not negatively, associated with trust. Table 1 summarizes our conceptual considerations about the complex relationship between trust and vulnerability in times of social normalcy and crisis.

Table 1: Insecurity and trust: the normalcy model and two crisis scenarios

Scenario	Social normalcy	“Coming together”	“Coming apart”
<i>Aggregate level</i>	Long-standing/past collective insecurity breeds distrust	Crisis-related collective insecurity breeds trust	Crisis-related collective insecurity breeds distrust
<i>Individual level</i>	Structural insecurity associated with distrust	Structural insecurity associated with distrust (attenuated)	Structural insecurity associated with distrust (amplified)
		Crisis-related personal insecurity associated with trust	Crisis-related personal insecurity associated with distrust

Insights from previous research

The majority of studies on the *emerging* Covid-19 crisis conform to the “coming together” scenario, in particular for political trust. Evidence for a rally effect comes from a European comparison (De Vries *et al.*, 2020), as well as from Austria (Kritzinger *et al.*, 2021), Denmark (Madsen *et al.*, 2020), the Netherlands (Schraff, 2020), and Sweden (Esaiasson *et al.*, 2020). Increased trust has been interpreted either as a leap of faith in view of the ability to act, as demonstrated by the first lockdowns (Bol *et al.*, 2021), or as “driven by collective angst due to rising Covid-19 case numbers” (Schraff, 2020: 2). Findings for social trust are mixed. Whereas in Sweden general social trust increased, although only marginally (Esaiasson *et al.*, 2020), a British study reported declining levels of trust in neighbors, conforming to the “coming apart” scenario (Borkowska and Laurence, 2021).

Regarding the relationship between trust and insecurity at the individual level, evidence is mixed, too. With respect to structural insecurities, in England the corrosive impact on neighborhood trust was most common among low-educated residents of disadvantaged communities, and among ethnic minorities (Borkowska and Laurence, 2021). By contrast, in the Netherlands during the first wave of the Covid-19 pandemic, the effect of “familiar” individual-level determinants of political trust (e.g., economic evaluations) became strongly attenuated (Schraff, 2020). So far, only a few studies have specifically focused on the impact of *pandemic-induced* insecurities, our main interest. An Austrian study found a trust-*enhancing* effect for perceived public health threats during the first Covid-19 wave (Kritzinger *et al.*, 2021). Nevertheless, this effect did not surface for economic threat perceptions. Finally, in a Spanish study those respondents *exposed* to Covid-19 trusted the Spanish government less (Amat *et al.*, 2020). In sum, even though trust’s negative link with structural insecurities (e.g., low income,

low education) seems to remain present in times of crisis (but potentially in a weakened form), for *crisis-related* insecurities the evidence is inconsistent.

All the studies reported above have dealt with the *early stages* of the pandemic (until summer 2020), leaving open the question of what scenario may hold true for 2021. One possibility is that the “coming together” scenario still applies: Covid-19 infection rates skyrocketed in the second and third waves of the pandemic, which rolled across Europe in fall 2020 and winter 2020/21. This should have refreshed threat perceptions among the population and prompted promise-based trust.

On the other hand, a “coming apart” scenario cannot be excluded. Hitherto, any rally effects caused by exogenous shocks have been short-lived (Dinesen and Jæger, 2013), including that of the coronavirus pandemic (for Austria, see Kritzinger *et al.*, 2021). Given that all European governments have been struggling with containing the pandemic, at some point the credit of trust that citizens have conceded to their governments and other institutions will be depleted. This is especially likely for economic concerns, which have been caused by the pandemic *and* the associated lockdowns. The continuation of the pandemic has further taught people that not all citizens behave responsibly, e.g., with respect to containment regulations. In conjunction with a polarizing public debate about coronavirus skeptics (cf. Latkin *et al.*, 2021), such negative experiences may reduce people’s trust in their fellow citizens, too. Ultimately, the positive association between pandemic-related insecurities and trust may vanish or even reverse, while structural insecurities like low income and low education could regain explanatory power.

In short, whereas in the short term the pandemic is likely to bring society together (“coming together”), for how long societies will remain in this mode or switch to a more negative one (“coming apart”) is an open question. To shed light on this issue, the main goals of the present paper are to: (1) track levels of trust as the pandemic has unfolded from “emerging” (2020) to “continuing” (2021); and (2) analyze trust’s relationship with pandemic-related threat perceptions.

Germany and the UK: contextual information and hypotheses

We focus on two West European countries, Germany and the UK. Before the pandemic, trust levels in these two countries were slightly higher than the European Union (EU) average, with the UK having a slight edge in social trust, and Germany in institutional trust (cf. Eurofound 2017, Eurofound, 2018, Zhao *et al.*, 2019). When the pandemic broke out, the German government reacted swiftly with decisive measures and was more generous in mitigating economic hardships caused by the lockdowns (Steinhardt, 2021). The UK government, by contrast, initially downplayed the hazard, before enforcing similar curfew measures. Even though by the end of April 2020 both countries were hit hard by the pandemic (roughly 180,000 confirmed Covid-19 infections in the UK, and 160,000 in Germany), the UK was more severely affected

in terms of the death toll, experiencing roughly 27,000 casualties compared to 6,500 in Germany. The death toll at the end of July 2021 stood at 191 per 100,000 inhabitants in the UK, compared to 109 for Germany. Where the UK had an edge in handling the pandemic, however, was its faster vaccination campaign, even though both countries launched their respective campaigns in the same month, December 2021. Indeed, when fieldwork for the second VIC survey began, more than 40 percent of the UK population aged 12+ had already been given its first dose, compared to less than 10 percent in Germany.

Table 2 provides information on the public health situation during the fieldwork periods of the two VIC panel waves in spring 2020 and spring 2021. During panel wave 1, both infections and casualties were markedly higher in the UK than in Germany. In panel wave 2, country differences were much smaller, while reported infections and death figures were generally higher.

Table 2: Public health situation during VIC fieldwork periods

Country & VIC wave	Germany wave 1	UK wave 1	Germany wave 2	UK wave 2
Fieldwork	April 24 to May 10, 2020	April 29 to May 15, 2020	February 15 to March 1, 2021	February 23 to March 15, 2021
Daily new infections, min	488	2,150	4,984	4,695
Daily new infection, max	1,870	5,450	11,032	10,020
Daily new infections, average	1,102	3,469	7,588	6,600
Daily Covid-19-related deaths, min	0	188	60	52
Daily Covid-19-related deaths, max	282	771	903	548
Daily Covid-19-related deaths, average	117	475	361	230

Despite certain differences, the course of events has been similar enough to expect largely parallel findings for the two countries. Based on the theoretical considerations and insights from previous research, we test two competing sets of hypotheses. The first set assumes a “coming together” scenario for 2020 which extends to 2021:

H1a: As the pandemic has unfolded (from 2020 to 2021), average trust levels have remained stable. The proportion of individuals with decreasing trust is similar to that with increasing trust.

H2a: Crisis-related insecurities are positively associated with trust in both years of the pandemic.

H3a: Structural insecurities are not or are only weakly negatively associated with trust in both years of the pandemic.

An alternative set of hypotheses assumes a change from “coming together” in 2020 to “coming apart” in 2021:

H1b: As the pandemic has unfolded (from 2020 to 2021), average trust levels have decreased. The proportion of individuals with decreasing trust is larger than that with increasing trust.

H2b: Crisis-related insecurities are negatively associated with trust in 2021, after being positively related in 2020.

H3b: Structural insecurities are more strongly and negatively associated with trust in 2021 than in 2020.

In the remainder of this paper, these two sets of hypotheses are tested successively for social trust, trust in the government, and trust in the public healthcare system.

Data and Variables

We use data from the first (spring 2020) and second (spring 2021) waves of the VIC research project, investigating the social and psychological impacts of the Covid-19 pandemic in Germany and the UK. Participants were drawn from an online panel maintained by Bilendi Market Research GmbH. Using a detailed quota design with hard quotas for region, gender, age and education groups, as well as additional cross-quotas for age and education within regions, a high-quality sample representative of the population aged 18–74 years was obtained. The subsequent analysis is based on a working sample of 2,166 individuals ($n=1,177$ in Germany, $n=989$ in the UK) who participated in both waves of the survey.

Dependent variables

Forms of trust. To operationalize *social trust*, the VIC survey asked respondents to evaluate on a four-point scale how much they trust people they are meeting for the first time (an item taken from the World Values Survey/European Values Study, EVS). The response categories “do not trust very much” and “do not trust at all” were summarized as “low social trust” (coded as 0), while the categories “trust somewhat” and “trust completely” were summarized as “high social trust” (coded as 1). Institutional trust was captured via the question “Could you tell us how much confidence you have in our country’s (a) government, (b) healthcare system?”, again on a four-point scale. For both *trust in the government* and *trust in the healthcare system*, the categories “not very much” and “none at all” were collapsed to “low trust” (coded as 0), and the categories “quite a lot” and “a great deal” to “high trust” (coded as 1).

Independent variables

Crisis-related experienced and feared insecurities. The VIC data ask about a range of health and economic experiences people might have had since the beginning of the pandemic. We captured *experienced economic insecurity* as a dummy variable that took the value “1” if a

respondent had lost their job, had been forced to close their business, had been reduced to part-time work, or had received money from an aid package, and took the value “0” if none of these applied. Likewise, we tapped *experienced health insecurity* as a dummy variable that took the value “1” if a respondent had tested positive for Covid-19 or had had symptoms of Covid-19, or if people close to them had had symptoms of Covid-19, and took the value “0” if none of these applied. *Feared economic insecurities* and *feared health insecurities* were measured as responses to the questions “How afraid are you that you or your loved ones will suffer from an economic recession following the coronavirus crisis?” and “How afraid are you that you or your loved ones will get sick and suffer severely from the coronavirus?”, respectively, evaluated on a five-point scale from 0 “Not at all afraid” to 4 “Very afraid.”

Structural insecurities. We operationalized *education* as the highest educational level attained by the respondents, subcategorized into three levels: primary (primary or less), secondary (complete or incomplete technical/vocational secondary), and tertiary (complete or incomplete university-preparatory secondary or university-level). We operationalized *income* as the country-specific income decile to which the respondents belonged once all their household’s income sources had been considered and equivalized for the number of dependents. Below we use income deciles in multivariate analyses and quintiles in bivariate analyses for easier readability.

Control variables. We further controlled for *gender* (male as reference), *age* in years, *marital status* (married as reference), *children in household* (no children as reference), and *residence* (urban as reference).

Methods

In what follows, we first provide an overview of the descriptive statistics of the main variables. Drawing on the two VIC waves and additional data from the European Values Survey, we then inspect how trust developed in Germany and the UK from 2008 to 2017, and from 2020 to 2021. Concluding the descriptive analyses, we present the bivariate results regarding changes in trust over the pandemic period by country and by type and level of insecurity (H1). We subsequently employ logistic regressions by country and year to test how crisis-related (H2) and structural insecurities (H3) relate to trust. We account for differences in Covid 19-related developments and regulations by clustering individuals in their NUTS-1-regions.¹

¹ Germany is clustered into 16 federal states, while the UK comprises 12 regions, of which one (Greater London) is divided into two (Outer and Inner London).

Results

Distribution of key variables

The three forms of trust vary distinctly (see Table A1 in the Appendix for a complete overview of the variables used). Whereas in 2021 trust in the healthcare system was shared by many (72 % of the German and 84 % of the British population), trust in the government and in strangers was less widespread. In Germany, roughly half of the population had confidence in the government, and one quarter trusted strangers. In the UK, trust in the government and in strangers was about equal, being true of roughly four out of ten people in both cases.

For *crisis-related insecurities*, the proportion of people who experienced economic insecurities did not differ between the survey waves: about one fifth of the German and one sixth of the British population was affected economically. By contrast, experiences of health insecurities increased from about one fifth to more than one third of the population in both countries, in line with surging infection rates. Feared insecurities were overall lower in Germany than in the UK. Feared economic insecurities remained stable in Germany and decreased in the UK, while feared health insecurities increased in Germany and decreased in the UK, probably due to the latter's much faster vaccination campaign.

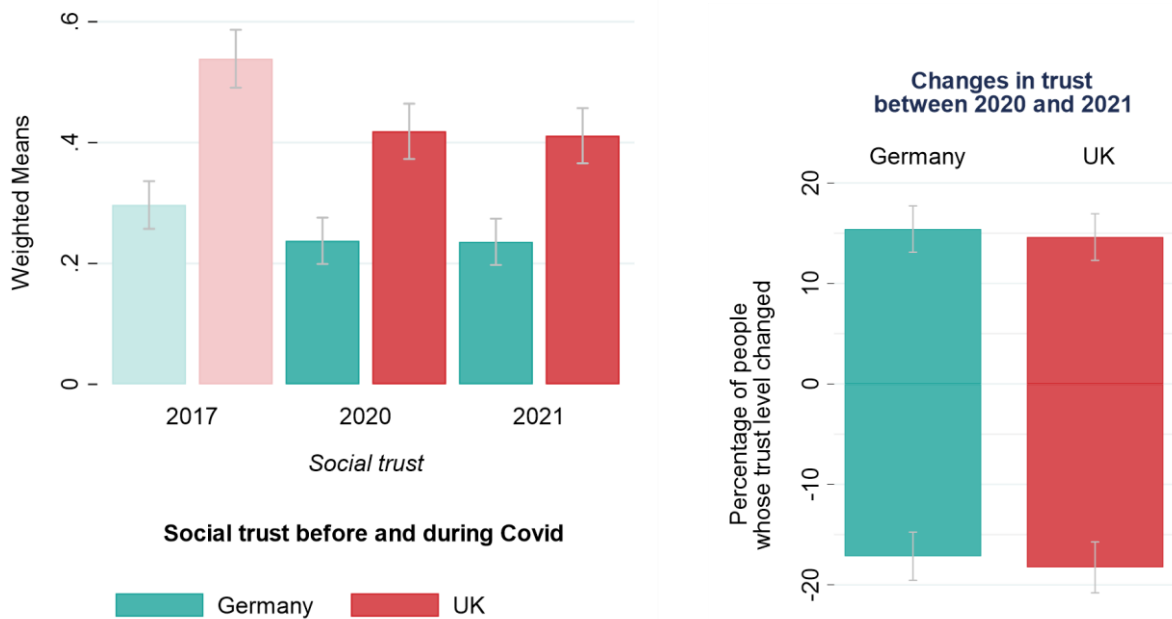
Regarding *structural insecurities*, education was part of the quota set for the sample and thus mirrored the factual distribution of education attained in the two countries, with a stronger concentration of people at the secondary level in Germany. Unsurprisingly, this variable hardly changed between the two waves. Income turned out to be more volatile: Whereas in both countries the *average* household income increased from 2020 to 2021, nearly every third household suffered a financial loss and only every fourth (UK) to fifth (Germany) household enjoyed a gain.

Results for social trust (trust in strangers)

Average levels of social trust

A tentative comparison with the EVS revealed that current trust levels were *lower* than in 2017 (see Figure 1, left-hand panel), although one cannot be certain whether the decrease was an immediate reaction to the outbreak of the pandemic or happened before. We can be sure, however, that average levels of social trust remained unchanged from 2020 to 2021 in both countries. Over the pandemic period, at least, we see no signs of a “coming apart”.

Figure 1. Trust levels before and during the coronavirus pandemic: social trust



Note: Weighted means for the population aged 18–74 years, with 95 % confidence intervals. Values for 2008 and 2017 were obtained from the EVS (2021); values for 2020 and 2021 were obtained from the VIC waves 1 and 2.

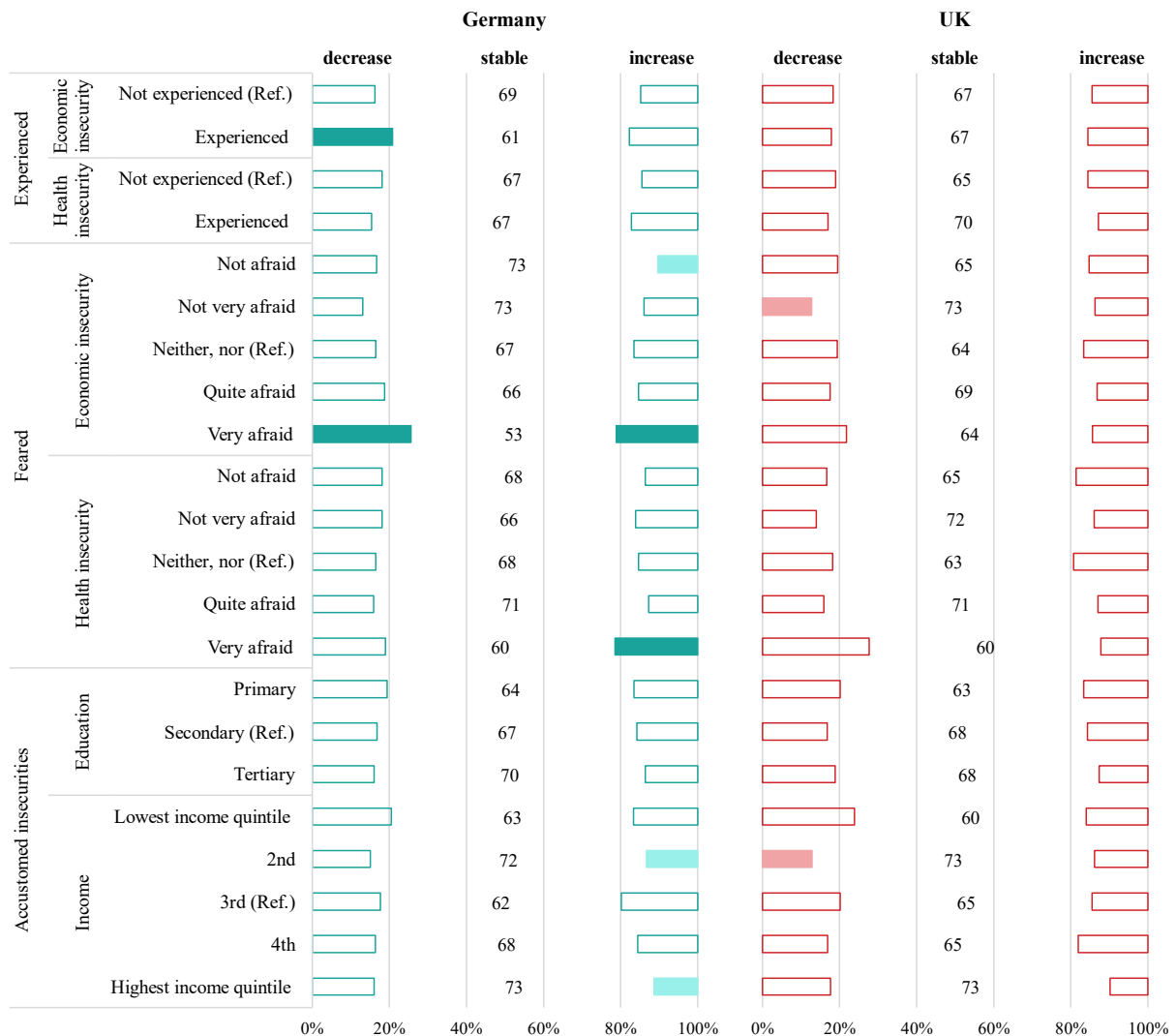
Individual-level changes in social trust

Given that comparisons of averages risk concealing gains and losses in trust that have canceled each other out, here we contrast the proportions of individuals who became less trusting with those who became more trusting during the pandemic (Figure 1, right-hand panel). Trust in strangers remained stable for roughly two thirds of the German and British populations. The proportions of people who became less and more trusting were similar (Germany ↓17 % vs. ↑15 %; UK ↓18 % vs. ↑15 %).

How do these changes relate to existential insecurities? Figure 2 presents the percentage of people who’s trust increased, decreased or remained the same from 2020 to 2021, by category of insecurity (e.g., did or did not experience economic insecurity). In Germany, social trust decreased significantly for people who experienced economic insecurity or who were very afraid of economic insecurities. At the same time, a strong fear of economic insecurities was also related to an *increase* in social trust, as was being very afraid that one or a loved one would

contract Covid-19. Three characteristics reduced the odds of individual social trust increasing throughout the pandemic: very low fear of economic insecurity, and being in either the highest or the second-lowest income quintile. In the UK, changes in social trust were practically independent of any of the insecurities people faced. Only two significant differences emerged: not being very afraid of economic insecurity and belonging to the second-lowest income quintile were both associated with a lower risk of decreasing social trust, i.e., with maintaining a stable level of trust in strangers.

Figure 2. Changes in social trust in relation to crisis-related and structural insecurities



Note: VIC waves 1 and 2. Weighted row percentages for each value of the insecurities. Each row adds up to 100 %, comprising the percentage of people in that category whose trust decreased (left bar), remained stable (empty middle with percentage), and increased (right bar) from 2020 to 2021. Empty bars indicate no significantly different odds of increasing/decreasing (relative to stable) trust compared to the reference category. Filled bars indicate significantly different odds of a change in trust: darker bars indicate greater odds and lighter bars smaller odds for a change in trust compared to stable trust.

Cross-sectional relationships between insecurities and social trust

Finally, we move from changes to absolute levels, shedding light on trust's *cross-sectional* relationship with insecurities during the pandemic. We present the results of logistic regression models of trust, first regarding the experienced insecurities induced by the pandemic (Table 3), and second the feared insecurities (Table 4). In all models, structural insecurities as well as the set of control variables are included. In both years, social trust was largely unaffected by any kind of insecurity. The crisis made itself felt in one instance only: those in the UK who feared that they or their loved ones would become sick from Covid-19 trusted strangers less in 2021, a corrosive effect that was not present in 2020. In Germany, higher education—an indicator of structural security—was associated with stronger trust in strangers in both years.

Table 3. Social trust and experienced insecurity

	Germany		UK	
	2020	2021	2020	2021
Experienced economic insecurity	0.878 (0.160)	0.994 (0.187)	0.83 (0.156)	1.233 (0.239)
Experienced health insecurity	0.88 (0.178)	1.221 (0.190)	0.949 (0.153)	0.88 (0.125)
Education (three levels)	1.540*** (0.180)	1.453** (0.170)	1.033 (0.094)	1.070 (0.100)
Income (deciles)	1.003 (0.027)	1.016 (0.027)	1.038 (0.025)	1.009 (0.025)
Control variables	✓	✓	✓	✓
Observations (regions)	1,177 (16)		989 (13)	
Chi ²	21.48	20.49	21.02	33.04
Log likelihood	-588.94	-590.67	-630.12	-620.83

* p<0.05, ** p<0.01, *** p<0.001. Odds ratios, standard errors in parentheses.

Table 4. Social trust and feared insecurity

	Germany		UK	
	2020	2021	2020	2021
Feared economic insecurity	0.953 (0.065)	0.967 (0.067)	0.938 (0.065)	0.957 (0.067)
Feared health insecurity	0.957 (0.068)	0.955 (0.066)	0.924 (0.064)	0.822** (0.056)
Education (three levels)	1.544*** (0.180)	1.475*** (0.172)	1.027 (0.094)	1.072 (0.101)
Income (deciles)	1.000 (0.027)	1.015 (0.027)	1.037 (0.025)	1.003 (0.025)
Control variables	✓	✓	✓	✓
Observations (regions)	1,177 (16)		989 (13)	
Chi ²	22.00	20.00	23.99	45.88
Log likelihood	-588.69	-590.92	-628.63	-614.42

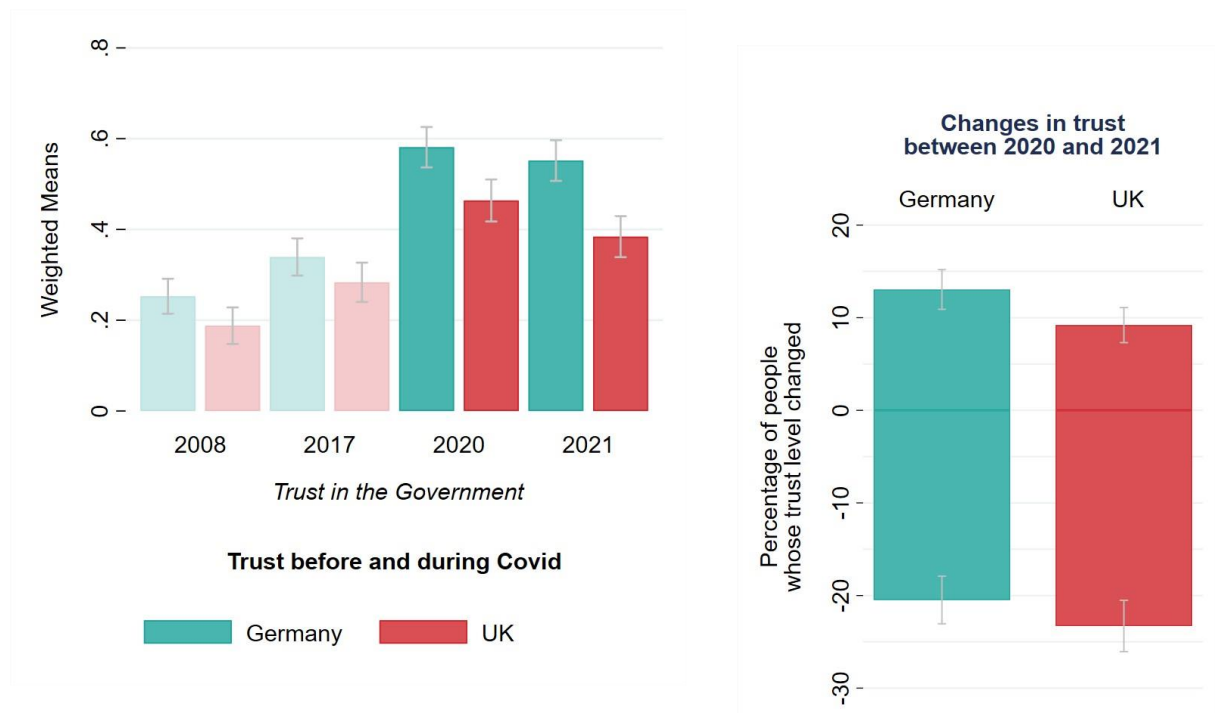
* p<0.05, ** p<0.01, *** p<0.001. Odds ratios, standard errors in parentheses.

Results for trust in the government

Average levels of trust in the government

The development of overall levels of trust in the government in Germany and the UK suggests a marginal increase in trust in the years before the crisis, and skyrocketing trust in 2020 (Figure 3, left-hand panel). Although this surge in trust cannot be attributed to the outbreak of the pandemic with absolute certainty, this interpretation is supported by a number of studies reporting rally-round-the-flag phenomena in the first months of the pandemic (see above). The somewhat lower levels of trust in the government in 2021, although not significant in both countries, indicating a fading rally effect, also in line with previous research (Kritzinger *et al.*, 2021).

Figure 3. Trust levels before and during the coronavirus pandemic: trust in the government



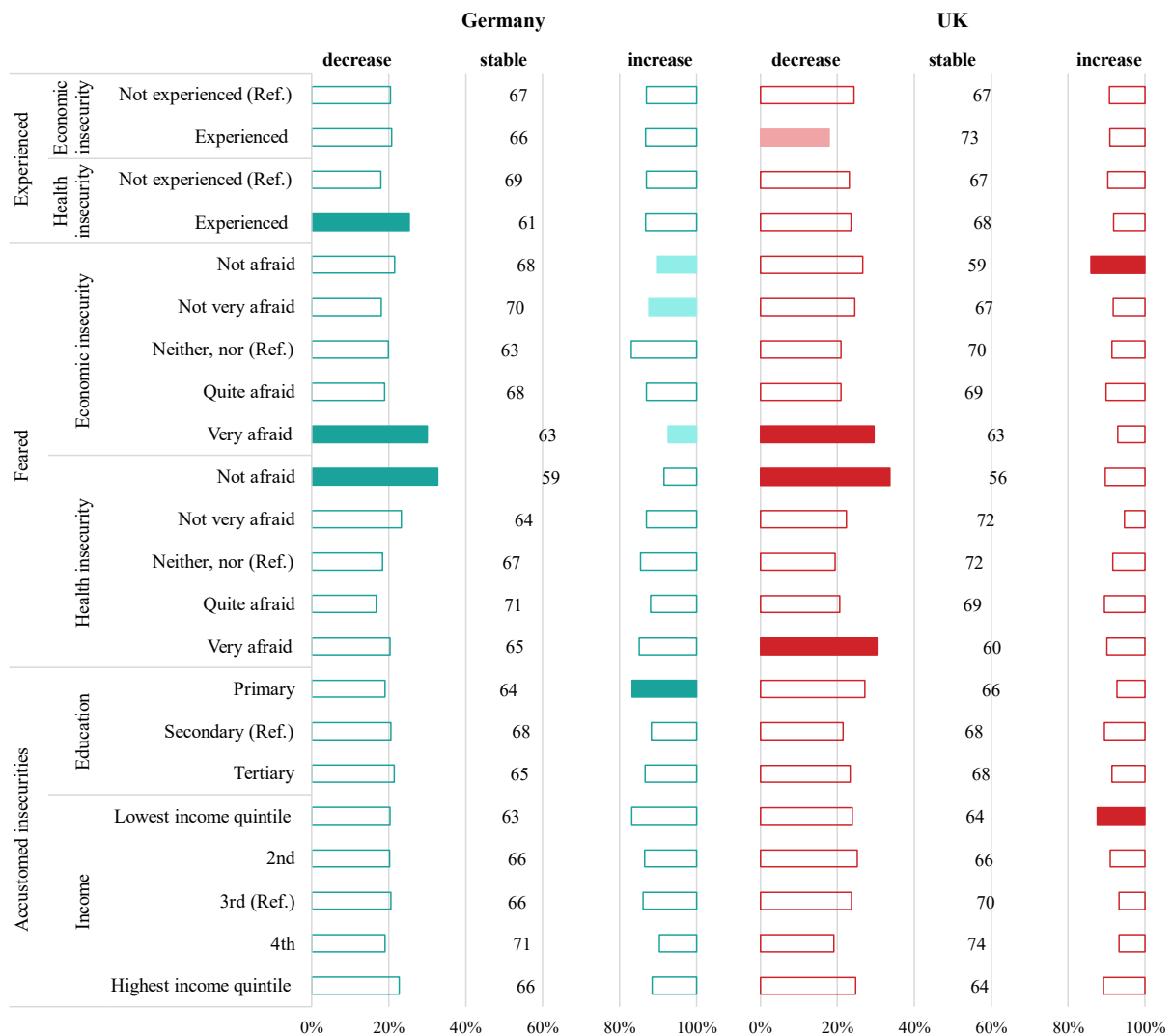
Note: Weighted means for the population aged 18–74 years, with 95 % confidence intervals. Values for 2008 and 2017 were obtained from the EVS (2021); values for 2020 and 2021 were obtained from the VIC waves 1 and 2.

Individual-level changes in trust in the government

Exploring the individual-level changes depicted in the right-hand panel of Figure 3, the balance sheet of individuals who gained trust in the government during the pandemic to those who lost trust is clearly negative in the UK ($\uparrow 9\%$ vs. $\downarrow 23\%$) and slightly negative in Germany ($\uparrow 13\%$ vs. $\downarrow 20\%$). People in Germany were more likely to trust their government less in the second year of the pandemic than in the first, when they experienced health insecurity, were very afraid of the economic consequences of the pandemic and were *not* afraid of the health threat posed by Covid-19 (see Figure 4). The latter finding arguably catches the so-called coronavirus

deniers, who refute the very existence of the pandemic and oppose attempts to contain it, like lockdowns and social distancing regulations (a similar phenomenon also exists in the UK). Increased trust was only observed in the group of lower educated and was less likely among people without economic fears. In the UK, decreases in trust in the government were more likely when people were very afraid of the economic consequences of the pandemic, or were either *not* or *very* afraid of health risks. With regard to trust increases, people in the UK with no economic fears were more likely to put more trust in the government as the pandemic continued, as did people from the lowest income quintile.

Figure 4. Changes in trust in the government in relation to crisis-related and structural insecurities



Note: VIC waves 1 and 2. Weighted row percentages for each value of the insecurities. Each row adds up to 100 %, comprising the percentage of people in that category whose trust decreased (left bar), remained stable (empty middle with percentage), and increased (right bar) from 2020 to 2021. Empty bars indicate no significantly different odds of increasing/decreasing (relative to stable) trust compared to the reference category. Filled bars indicate significantly different odds of a change in trust: darker bars indicate greater odds and lighter bars smaller odds for a change in trust compared to stable trust.

Cross-sectional relationships between insecurities and trust in the government. Tables 5 and 6 present the multivariate results regarding insecurities' cross-sectional associations with confidence in the government. In the UK, the picture closely resembled that obtained for social trust: hardly any associations. The exception was feared economic insecurity, which became relevant in 2021 and reduced trust. In Germany, trust in the government was vulnerable to various insecurities, especially in 2021. Whereas economic insecurities exerted a *negative* influence on trust in the government in both years, the corresponding health insecurities exerted a *positive* influence. Finally, people in Germany with a higher education and a higher income expressed higher trust in their government, following the normal pattern for structural insecurity.

Table 5. Trust in the government and experienced insecurity

	Germany		UK	
	2020	2021	2020	2021
Experienced economic insecurity	0.694* (0.108)	0.712* (0.115)	0.906 (0.169)	0.999 (0.197)
Experienced health insecurity	1.078 (0.193)	1.405* (0.196)	1.351 (0.219)	1.05 (0.150)
Education (three levels)	1.690*** (0.174)	1.530*** (0.155)	0.967 (0.088)	0.929 (0.087)
Income (deciles)	1.113*** (0.027)	1.110*** (0.026)	1.011 (0.024)	1.026 (0.026)
Control variables	✓	✓	✓	✓
Observations (regions)	1,177 (16)		989 (13)	
Chi ²	79.01	70.30	30.59	40.26
Log likelihood	-712.30	-731.06	-625.79	-612.99

* p<0.05, ** p<0.01, *** p<0.001. Odds ratios, standard errors in parentheses.

Table 6. Trust in government and feared insecurity

	Germany		UK	
	2020	2021	2020	2021
Feared economic insecurity	0.865* (0.054)	0.758*** (0.049)	0.932 (0.064)	0.810** (0.058)
Feared health insecurity	1.389*** (0.089)	1.651*** (0.109)	1.057 (0.073)	1.142 (0.081)
Education (three levels)	1.694*** (0.176)	1.537*** (0.159)	0.981 (0.089)	0.949 (0.089)
Income (deciles)	1.129*** (0.027)	1.124*** (0.027)	1.013 (0.024)	1.02 (0.026)
Control variables	✓	✓	✓	✓
Observations (regions)	1,177 (16)		989 (13)	
Chi ²	100.62	124.21	28.19	48.89
Log likelihood	-701.49	-704.1	-626.98	-608.67

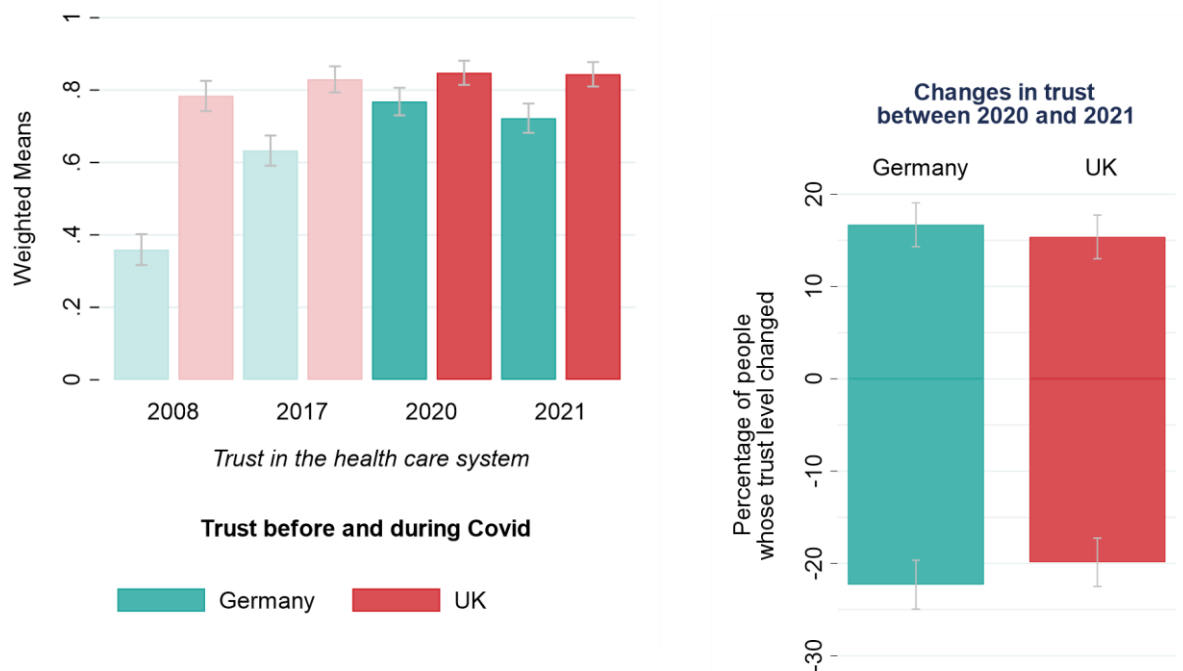
* p<0.05, ** p<0.01, *** p<0.001. Odds ratios, standard errors in parentheses.

Results for trust in the healthcare system

Average levels of trust in the healthcare system

Before the pandemic hit, confidence in the healthcare system had already surged, particularly in Germany, where such confidence was initially (data from 2008) much lower (see Figure 5, left-hand panel). In both countries, the 2020 averages represent a confidence peak. Over the pandemic period, the average confidence remained high in the UK, while it decreased slightly (although not significantly) in Germany.

Figure 5. Trust levels before and during the coronavirus pandemic: trust in the healthcare system



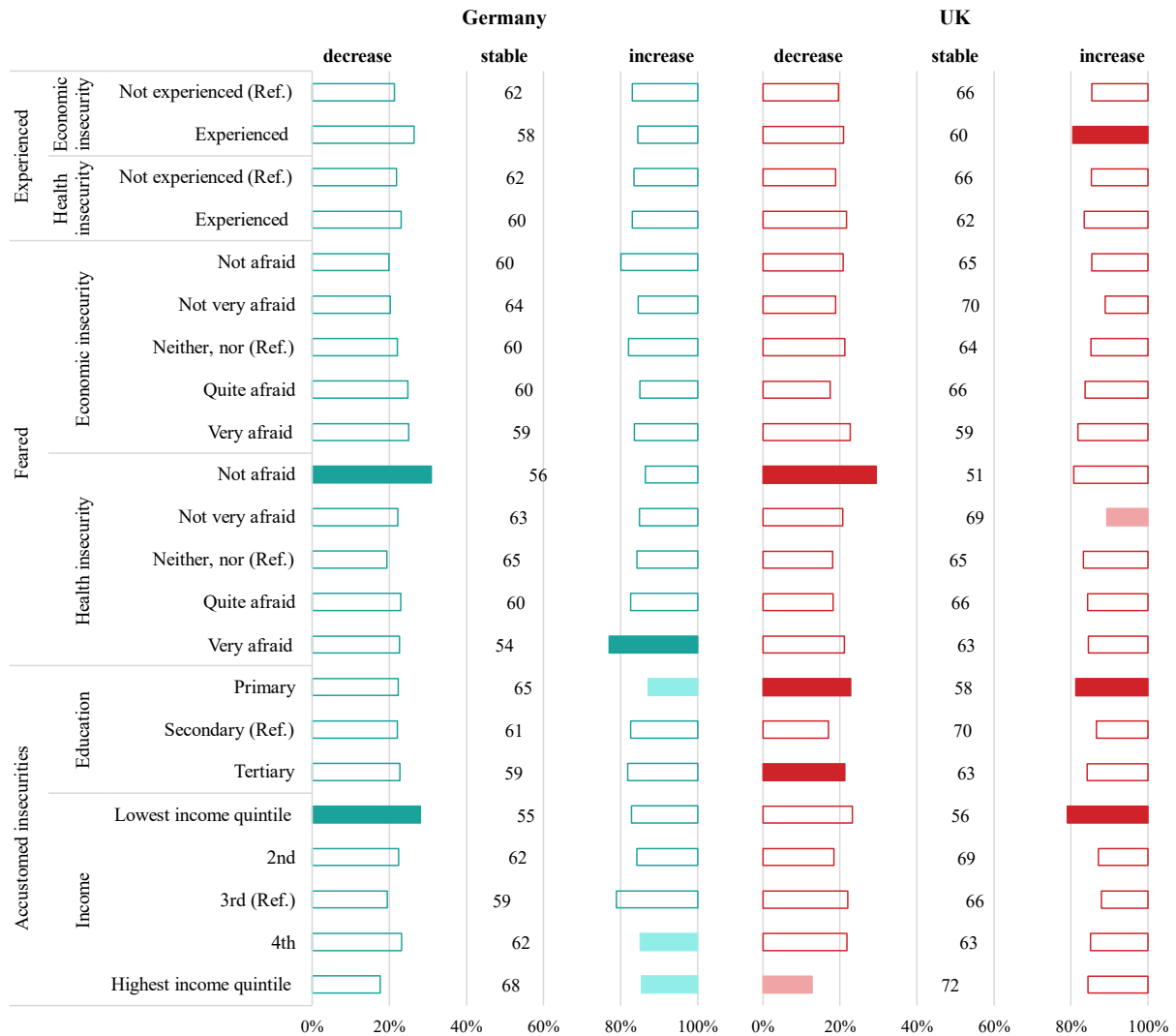
Note: Weighted means for the population aged 18–74 years, with 95 % confidence intervals. Values for 2008 and 2017 were obtained from the EVS (2021); values for 2020 and 2021 were obtained from the VIC waves 1 and 2.

Individual-level changes in trust in the healthcare system

The balance sheet of those whose trust increased and those whose trust decreased reveals an almost balanced relationship of $\uparrow 17\%$ vs. $\downarrow 22\%$ for Germany and $\uparrow 15\%$ vs. $\downarrow 20\%$ for the UK (Figure 5, right-hand panel). How can the two groups be characterized? People in Germany were more likely to withdraw their trust from the healthcare system when they were unafraid of the health risks posed by Covid-19 (a pattern that again points to coronavirus deniers), and when they belonged to the lowest income quintile (see Figure 6, left hand side). Complementarily, people in Germany were likely to express greater trust when they were very afraid about these health risks. In addition, low-educated people as well as those in the two highest income quintiles had significantly lower odds of increasing their trust. In the UK (Figure 6, right-hand panel), a loss of trust was also more likely among those not afraid of Covid-19's health risks

(like in Germany), and among both the least and the highest educated, although lower education was also associated with a stronger chance of increasing trust. Furthermore, a gain in trust was more likely for people in the UK who experienced economic insecurity and belonged to the lowest income quintile.

Figure 6. Changes in trust in the healthcare system in relation to crisis-related and structural insecurities



Note: VIC waves 1 and 2. Weighted row percentages for each value of the insecurities. Each row adds up to 100 %, comprising the percentage of people in that category whose trust decreased (left bar), remained stable (empty middle with percentage), and increased (right bar) from 2020 to 2021. Empty bars indicate no significantly different odds of increasing/decreasing (relative to stable) trust compared to the reference category. Filled bars indicate significantly different odds of a change in trust: darker bars indicate greater odds and lighter bars smaller odds for a change in trust compared to stable trust.

Cross-sectional relationships between insecurities and trust in the healthcare system

Cross-sectionally, confidence in the healthcare system was associated with various insecurities, to a lesser extent than trust in the government, but more so than social trust. In both countries, fears were more influential than experienced insecurities (see Tables 7 and 8). Whereas health

fears reinforced trust in the healthcare system, economic fears impaired it, a pattern already familiar from trust in the government. With regard to experienced insecurities, being affected in terms of health surprisingly had no significant effect, while being affected economically sometimes had a negative effect (in Germany in 2021, in the UK in 2020). In Germany but not in the UK, having a higher income proved to be robustly associated with higher trust in the healthcare system.

Table 7. Trust in the healthcare system and experienced insecurity

	Germany		UK	
	2020	2021	2020	2021
Experienced economic insecurity	0.820 (0.141)	0.696* (0.119)	0.508** (0.116)	0.738 (0.180)
Experienced health insecurity	0.782 (0.151)	1.316 (0.205)	0.959 (0.219)	1.211 (0.241)
Education (three levels)	1.230 (0.142)	1.204 (0.133)	1.100 (0.143)	1.075 (0.137)
Income (deciles)	1.079** (0.029)	1.120*** (0.030)	1.066 (0.037)	0.991 (0.034)
Control variables	✓	✓	✓	✓
Observations (regions)	1,177 (16)		989 (13)	
Chi ²	25.38	56.77	47.89	26.25
Log likelihood	-587.68	-624.82	-338.82	-367.58

* p<0.05, ** p<0.01, *** p<0.001. Odds ratios, standard errors in parentheses.

Table 8. Trust in the healthcare system and feared insecurity

	Germany		UK	
	2020	2021	2020	2021
Feared economic insecurity	0.884 (0.061)	0.806** (0.055)	0.885 (0.093)	0.803* (0.079)
Feared health insecurity	1.285*** (0.091)	1.510*** (0.105)	1.268* (0.124)	1.307** (0.122)
Education (three levels)	1.215 (0.141)	1.189 (0.134)	1.103 (0.142)	1.096 (0.140)
Income (deciles)	1.085** (0.030)	1.131*** (0.030)	1.067 (0.037)	0.99 (0.035)
Control variables	✓	✓	✓	✓
Observations (regions)	1,177 (16)		989 (13)	
Chi ²	35.13	86.68	45.18	32.77
Log likelihood	-582.81	-609.86	-340.18	-364.32

* p<0.05, ** p<0.01, *** p<0.001. Odds ratios, standard errors in parentheses.

Discussion and conclusion

This paper has explored how crisis-induced as well as familiar structural insecurities affected trust in strangers, the government, and the healthcare system in the first (spring 2020) and second (spring 2021) years of the Covid-19 pandemic. Table 9 summarizes the findings. For the two expressions of institutional trust, the results are more in line with our first set of hypotheses (H1a, H2a, H3a), based on the “coming together” scenario, than the alternative set (H1b, H2b, H3b), describing a “coming apart” scenario. The key exception, however, is the *negative* relationship between economic insecurity and institutional trust, which is part of the “coming apart” scenario. For social trust, neither of the two scenarios really fits. Below we discuss our key findings along with the assumptions addressed by the hypotheses.

Table 9: Summary of findings for the pandemic period (2020–2021)

Type of trust	Social trust	Political trust	Trust in the healthcare system
<i>Aggregate level: trust development</i>			
Average trust	Stable	Stable	Stable
Ratio decrease/increase	Balanced	Decrease > increase	Decrease > increase (marginally)
<i>Individual-level association with trust</i>			
Structural insecurity	Negative: less trust (Germany only)	Negative: less trust (Germany only)	Negative: less trust (Germany only)
Crisis-related health insecurity	Mostly unrelated	Positive: more trust	Positive: more trust
Crisis-related economic insecurity	Unrelated	Negative: less trust	Negative: less trust

Average trust levels (H1). Judging from tentative comparisons of the VIC data with identical items from pre-pandemic EVS surveys, it is quite possible that the outbreak of the coronavirus pandemic in early 2020 had an *immediate negative* effect on social trust (“coming apart”), but a *positive* one on trust in the government and the healthcare system (“coming together”). A surge in institutional trust triggered by the coronavirus crisis is in accordance with mounting evidence for a rally-round-the-flag phenomenon reported for the early stages of the pandemic (for an overview see Devine *et al.*, 2020). Focusing on the pandemic period (from 2020 to 2021) only, average trust levels remained quite stable. Nevertheless, the slight (although not statistically significant) decreases in trust in the government seen could be a harbinger of a more comprehensive decline if the pandemic is not managed well in the medium term.

Individual changes vs. stability (H1). The largely unchanged population averages mask a significant amount of fluctuation at the individual level. Within one year, between three and four

out of ten people (depending on the trust object) changed their trust ratings, either positively or negatively. Confidence in the healthcare system proved to be the least consolidated. Such fluidity challenges the conviction of a prominent school of thought that equates trust with a personality trait (Erikson 1950; Uslaner 2008).

Economy vs. health (H2). By and large, the economic and health insecurities caused by the pandemic are roughly equally important for trust. Mitigating the economic fallout of the coronavirus pandemic, therefore, is as important a goal as containing the virus itself, particularly for trust in institutions. Nevertheless, there is one systematic difference: Economic insecurities play out *negatively* for trust and are often associated with lower trust in cross-sectional analyses, in stark contrast to health insecurities, which almost always play out *positively* and are typically associated with higher trust (for a similar finding on perceived collective health threats, see Kritzinger *et al.*, 2021). Importantly, the theorized phenomenon of adaptive trust (Misztal, 2011) only applies for health, not the economy. It is difficult to speculate about the reasons for this divergence. One explanation is the differential attributions of responsibility that people may make. As to health, it is plausible that people do not blame the government for the virus per se (exogenous attribution); consequently, those who feel most threatened give state institutions, as potential saviors, a trust bonus. By contrast, governments may be seen as co-responsible for the economic distortion (endogenous attribution), and hence are penalized with a trust malus by those who feel threatened economically. Our analysis of individual changes further reveals that, alongside adaptive trust, another mechanism is at work which reinforces the positive association between health threats and trust: the *withdrawal* of trust by those who feel no health threat at all, a response that primarily makes sense within the twisted logic of coronavirus deniers' worldview. Delving deeper into the thought-world of this social movement is an important avenue for future research.

Structural insecurities (H3). At least in Germany, structural insecurity in terms of education and income is related to lower levels of trust. This pattern is familiar from times of social normalcy (Delhey and Newton, 2003), yet contradicts conclusions that "standard variables" no longer predict differences in trust in times of crisis (Schraff, 2020). Nevertheless, our results suggest that the impact of structural insecurity became somewhat *attenuated* over the one-year period, as low education and low income are more often associated with *increasing* trust than with *decreasing* trust in both Germany and the UK.

Over and above these key results which directly speak to our hypotheses, some further insights are noteworthy:

Experienced vs. feared insecurities. By and large, *fears* matter more than *experienced* insecurities. Indeed, according to our multivariate models, fears influence trust more than twice as often. Similarly, fears were found to be related to individual trust changes twice as often. These findings fit our conceptual starting point of trust being genuinely future-oriented (Sztompka,

1999). Therefore, in order to understand individual differences in trust, gathering information about people's hopes and fears is generally advisable, even once the pandemic is history.

Emerging vs. continuing pandemic. The effects of crisis-related insecurities on trust were more significant in 2021 than in 2020. Virtually all associations between fears and trust either gained strength or only emerged in 2021. Similarly, in Germany two of the three significant effects of experienced insecurity were present in 2021 but not in 2020. In view of the force especially of the second and third waves of the pandemic, this pattern suggests that the magnitude of the crisis matters for trust.

Forms of trust. Our results further prove that distinguishing among trust objects (as suggested by Devine *et al.*, 2020) is essential, particularly differentiating between social and institutional trust. Social trust is somewhat weaker now than before the pandemic, is largely insensitive to pandemic-induced threats, and there is no evidence for social trust as an adaptive response, unlike for confidence in institutions. If people seek "islands of certainty," they turn to institutions, not fellow citizens. For governments, this insight is a double-edged sword, however: if they are able to successfully navigate the crisis, public support for them will be strong; if not, public discontent is likely to grow. Indeed, during the eurozone crisis, social trust and political trust developed quite differently (Ervasti *et al.*, 2019).

National contexts matter. A final observation concerns the comparison of Germany and the UK. Some of this study's results are quite similar, such as the trajectories of average trust levels, the magnitude of individual trust changes, and their basic structuration. Nevertheless, there are also differences. Most strikingly, crisis-related insecurities explain cross-sectional differences in trust much better in Germany than in the UK, especially in 2020. One speculative explanation is the inconsistency of the UK government when the pandemic broke out, which made it difficult for citizens to conceive of their government as an "island of certainty." Another potential explanation is that the German national character is generally more anxious, whereas only a worsening pandemic has made many people in the UK significantly fearful. Systematic quantitative comparisons with a larger set of countries or qualitative studies are necessary to shed more light on differences by country, as both have been beyond the scope of this paper.

This leads us to the limitations of our study, while at the same time hinting at possible future research directions. Our sample was representative of the population aged 18–74, so we were missing information on the elderly, the age group for which Covid-19 is most dangerous. Therefore, studies specifically focusing on the elderly would provide valuable additional insights. Future research should also explore trusting and distrusting behavior, which is not covered by the VIC survey. Furthermore, although with social and political trust, we have captured two important ingredients of a cohesive society, social cohesion is a multi-faceted concept (Dragolov *et al.*, 2016). Investigating other facets such as neighborhood cohesion (Borkowska and Laurence, 2021) is important to attain a more complete picture and thus get closer to an

answer to the question of whether society is coming together or apart. Our paper has shown that in terms of trust, both German and UK society have been surprisingly resilient during the past two years, considering the unprecedented disruption to life the pandemic and measures to contain it have involved. Covid-19 has so far been less of a virus of distrust than feared (e.g., Haase 2020). As reassuring as this may be, there is no guarantee that it will stay that way.

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Appendix

Table A1. Descriptive statistics

Variables	Germany				UK				Min	Max
	2020		2021		2020		2021			
	% Mean	SD	% Mean	SD	% Mean	SD	% Mean	SD		
Social Trust	0.24		0.24		0.42		0.41		0	1
Trust in Government	0.58		0.55		0.46		0.38		0	1
Trust in Health Care System	0.77		0.72		0.85		0.84		0	1
Experienced economic insecurity	0.21		0.19		0.16		0.15		0	1
Experienced health insecurity	0.18		0.35		0.23		0.35		0	1
Feared economic insecurity	2.04	(1.16)	1.96	(1.17)	2.57	(1.08)	2.39	(1.13)	0	4
Feared health insecurity	1.93	(1.12)	2.10	(1.13)	2.63	(1.09)	2.47	(1.15)	0	4
Primary education	0.19		0.19		0.18		0.18		0	1
Secondary education	0.56		0.56		0.40		0.40		0	1
Tertiary education	0.25		0.25		0.41		0.41		0	1
Income deciles	5.24	(2.88)	5.43	(2.87)	5.19	(2.92)	5.26	(2.87)	1	10
Gender (ref. male)	0.51		0.51		0.52		0.52		0	1
Age in years	45.86	(15.05)	46.86	(15.05)	46.84	(15.93)	47.84	(15.93)	18/19	73/74
Married/partner	0.56		0.56		0.59		0.59		0	1
Divorced/separated/widowed	0.14		0.14		0.10		0.11		0	1
Never married/single	0.30		0.30		0.31		0.30		0	1
Child(ren) in household	0.22		0.22		0.24		0.24		0	1
Area (ref. urban)	0.22		0.22		0.17		0.17		0	1
Observations (Regions)	1177 (16)				989 (13)					

Note: VIC waves 1 and 2, weighted means, standard deviations (SD) and minimum/maximum values.