

Looking into their eyes: a cross section of some people opposed to the official COVID narrative

Raminder Mulla, Amy Willows and Rusere Shoniwa

April 2022

Table of Contents

- 1 Introduction..... 2**
 - 1.1 In the media..... 2**
 - 1.2 In government and policy..... 4**
 - 1.3 Within the social sciences..... 4**
 - 1.4 Why did we undertake this study?..... 6**
- 2 How we did the work..... 6**
- 3 Results and discussion..... 7**
 - 3.1 General observations of the sample..... 7**
 - 3.1.1 Sample demographics..... 7
 - 3.1.2 Anonymity..... 7
 - 3.1.3 Sources of news information and political activism..... 8
 - 3.1.4 Relationship to group norms..... 9
 - 3.2 Participants’ expressions of personal values..... 9**
 - 3.2.1 Autonomy..... 10
 - 3.2.2 Attitudes towards illness and death..... 12
 - 3.2.3 What it means to be human..... 13
 - 3.3 Clarifying the language of COVID..... 14**
 - 3.3.1 COVID..... 14
 - 3.3.2 Lockdown..... 16
 - 3.3.3 New Normal..... 17
 - 3.4 On COVID Policy..... 18**
 - 3.4.1 Reasons for opposition to COVID policies..... 18
 - 3.4.2 Views on masks..... 21
 - 3.4.3 Attitudes to vaccination..... 24
 - 3.4.4 Views on the public messaging..... 29
 - 3.5 Effects of COVID policy on participants..... 31**
 - 3.5.1 Lockdown: Initial reactions..... 31
 - 3.5.2 Impact on daily life..... 33
 - 3.5.3 Effect on relationships..... 34
 - 3.6 Changes observed..... 36**
 - 3.6.1 Changes observed in the self..... 36
 - 3.6.2 Changes in others..... 37
 - 3.6.3 Views on the compliant..... 38
 - 3.7 Other observations..... 41**
 - 3.7.1 On the state..... 41
 - 3.7.2 Why did this happen? Suggested motivations for the COVID response..... 42
 - 3.7.3 What should have been done?..... 43
- 4 Findings and conclusions..... 44**
- 5 References..... 46**

1 Introduction

The public debate about COVID has been complex, politicised and exceptionally rancorous. As the world moved past blanket lockdowns, ostensibly enabled by mass vaccination campaigns, another deep division emerged between a majority in the ‘pro-vaccine’ camp and a minority who were labelled ‘anti-vaxxers.’ The considerable media vilification, loaded public messaging and profoundly illiberal policies adopted across the world that have been unique to Covid have created societal fault lines which, unlike previous societal divisions, have attached significant personal risk to those expressing dissenting viewpoints on mainstream Covid policies relating to masks, lockdowns and vaccination. The cost of expressing dissenting views could be social in the form of ostracism or financial due to lost employment for declining COVID vaccination. Concomitant with both of these costs is an emotional or mental health cost.

A review of media and governmental vilification now follows.

1.1 In the media.

Opinion pieces, such as Susan Boniface’s (aka Fleet Street Fox) ‘*Anti-vaxxers want to kill your babies, stage a coup and cause another lockdown,*’^[1] which suggested that ‘*anti-vaxxers are terrorists who’d happily kill us all for a false ideology*’ and that ‘*anyone who objects to vaccines should be jailed and deradicalised,*’ were surprisingly common. Another piece, from the Independent’s Sean O’Grady titled: ‘*This is what we do about anti-vaxxers: No job. No entry. No NHS access,*’ concluded with the statement: ‘*Everyone who refuses a vaccine could be a killer on the loose, and should be judged accordingly.*’^[2] He argued that ‘*those who decline to accept their societal obligations, as is their right, cannot expect life to be just the same as it ever was and they can just go around spreading the virus to other people, vulnerable or not.*’

Putting aside O’ Grady’s highly problematic conflation of medical treatment with societal obligations and his implied expunging of individual rights in regard to medical treatment, he was incorrect on the main pillar of his specious argument since vaccinated people can be infected with and transmit SARS-CoV-2.^[3] The Guardian’s Nick Cohen wrote a piece titled ‘*It is only a matter of time before we turn on the unvaccinated,*’ stating that ‘*Conservative fears aren’t wholly neurotic, but they should not allow their myth of the freeborn Englishman to fool them into believing that the majority of the population won’t welcome passports as a route out of lockdown.*’^[4] If the articles cited here were reflective of public opinion, he may have been correct. A news anchor in Germany made her views on mandatory vaccination very clear in this tirade against the unvaccinated:

'To all the unvaccinated: Thanks a lot. Thanks to you, it looks like we'll be spending this winter in lockdown. Once again, many places won't have Christmas markets, and once again we may not be able to celebrate the Christmas holidays with our families. The measures announced in Saxony and Bavaria are a slap in the face to all those who have shown solidarity in recent months – to all those who have been vaccinated. No question, the restrictions are necessary. But they wouldn't have been necessary if more people had acted responsibly. All those who have refused vaccination must realise that they're partly to blame for this situation. They're partly responsible for the fact that society is again under pressure, for the fact that doctors and nurses are again pushed beyond their limits. Once again, restaurants and shopkeepers must fear for their existence. The unvaccinated must also ponder the joint responsibility they bear for the likely thousands of victims of this Corona wave. Politicians have hesitated for far too long. They should have increased pressure on the unvaccinated much earlier. But they were probably afraid that this would anger them and hurt their electoral prospects. That was negligent – and it's one reason things are like this now. The wave can no longer be stopped. But Germany must get out of this endless loop of Corona, because at some point, even the vaccinated, those who have showed solidarity, will no longer put up with it. They also don't want these anti-Corona measures anymore. Politicians must give them a way out. A winter like this must never happen again. How can we do this? Our neighbouring country, Austria, is showing the way: With compulsory vaccination for all those for whom it is medically possible.' (Sarah Frühauf as translated by Eugyppius^[5])

Some who publicised their decision not to have a vaccine, and then had the misfortune to die with a Covid diagnosis, were posthumously ridiculed in reports which served as vengeful and self-righteous admonitions of their perceived waywardness. They carried such titles as *'Anti-vaxxer finance guru dies from Covid after being put on ventilator'*;^[6] *'Anti-vax YouTube couple who said jab was 'affront to human rights' die of Covid.'*^[7] Healthcare workers also weighed in against those sceptical of the official narrative: *'Nurse condemns hundreds of anti-vaxxer protesters in city centre as 'shocking'*, reporting that someone at the protest had said: *'Say no to lockdowns, say no to vaccines, say no to passports, say no to restrictions.'*^[8] Another example invited the public to *'read the rant from a frustrated nurses' union boss at Melbourne anti-vaxxer protesters - slamming them for their selfish acts as patients die from Covid without being able to kiss their families goodbye.'*^[9] Many more examples can be found, and for a more thorough account, we refer you to read section 3 of Simon Elmer's *'The UK 'Vaccination' Programme. Part 2: Virtue and Terror.'*^[10]

We highlight these reports because they signify a disturbing inversion of values that we had taken for granted: values which were thought to be self-evident and on which civilised societies are predicated. As disturbing as the unhinged expressions of hatred are, even more disturbing is the fact that their underlying depravity may require explanation to a significant proportion of the population. A society is in serious trouble when a persecuted minority finds itself trying to explain to a majority the irrationality of equating the act of declining a medical treatment with terrorism.

1.2 In government and policy.

In addition to the strong words coming from the press, some concerning policy moves were made worldwide. In the US, vaccinations were mandated at the federal level for businesses with more than 100 employees. This disturbing policy was accompanied by President Joe Biden's equally disturbing warning to the unvaccinated: *'Our patience is wearing thin. And your refusal has cost all of us.'* His words were lauded by the Independent as *'backing his tough words with actions.'*^[11] As it happens, Biden's vaccination policy, overruled in early January 2022 by the US Supreme Court, seemed to have led to some second order effects in the United States.^[12]

In the UK, as COVID vaccinations were about to be mandated in healthcare settings, Health Secretary Sajid Javid justified terminating careers and jobs with a simple value judgment: *'If you work in a care home you are working with some of the most vulnerable people in our country and if you cannot be bothered to go and get vaccinated, then get out and go and get another job.'*^[13]

In Italy, a certificate of COVID vaccination is required to participate in much of public life, e.g. using public transport.^[14] Similar measures applied in France.^[15] In Australia, the chief minister of the Northern Territory clarified his position by eschewing common decency in his communication: *'If you are anti-mandate, you are absolutely anti-vax... If you say pro persuasion, stuff it, shove it.'*^[16] Israel, Lithuania^[17] and others also implemented segregation based on vaccination status.

Taking more extreme measures, Austria implemented a lockdown for the unvaccinated, which quickly became a blanket lockdown. This was followed by the drafting of legislation to mandate COVID vaccines for all over the age of 12,^[18] with Germany looking to follow suit. In these countries, this would amount to voluntary informed consent to medical treatment becoming a relic of the past,^[19] and carried a real human cost.^[20]

Between July 2021 and February 2022, the situation evolved rapidly, and nobody, beyond the authorities in power, knew what would happen in the following days, weeks or months.

1.3 Within the social sciences

The COVID crisis has been punctuated with statistics as well as moralisation. Statistics on cases, deaths and vaccination uptakes were the instruments with which 'rights' and 'freedoms' were revoked. Although debate rages about how accurate these statistics were and, therefore, how much weight should have been put on them in informing policy, facts and figures were also used to form *opinion*, as shown by Marina Hyde of the Guardian.^[21] Her piece cited research which concluded that those who did not mask had greater tendency to psychopathic traits.^[22] Mainstream media and political narratives provided plenty of ammunition to demonise those opposed to the dominant official COVID narrative, painting them as defective in character and worthy of derision, exclusion and the miserable life that would result from this.

A surprising amount of data came from the social sciences, where a number of questionnaire-based studies determined that those opposed to and non-compliant with lockdowns, masks and vaccines may be psychologically defective.^[22-30] This research was usually conducted by asking people multiple-choice questions unrelated to their stance on lockdowns, masks and vaccination. Participants were not asked about *why* they did not comply, omitting an important way to explain non-compliance. One paper even suggested a link between COVID policy non-compliance and ‘boldness’ which in turn was viewed as a psychopathic trait, despite defining boldness as ‘*persuasiveness, tolerance for uncertainty, self-confidence, social assurance, and intrepidity.*’^[29]

The approach of not directly engaging with those sceptical of the narrative has also generated favourable perspectives of them. For instance, a study suggested that those sceptical of the narrative are rather data literate,^[31] yet made no attempt at asking these sceptical people anything in such a way that they could answer freely, talking about their principles, values and ideas. In fact, the finding was derived from social media posts, which is problematic for making inferences of this nature.

Further work in the social sciences has explored methods to increase compliance with local COVID protocols using communication strategies to influence behaviour by exploiting human needs, such as the avoidance of exclusion. However, there was no examination in this research of people’s legitimate objections to complying with COVID protocol.^[26,32-36] The default position of many of these researchers seems to be that those who oppose measures were probably uninformed, selfish, psychologically unbalanced or a combination of these traits. We therefore regard these studies as being geared mainly towards providing a pretext for demonisation of the non-compliant.

All of the cited studies took a data-driven, numbers-based view of the situation. In other studies, where participants were able to speak freely (that is to say, provide views expressed in their own words as the basis for assessment), some very persuasive reasons for opposing mainstream COVID policy emerged. Some groups studied in this way were musicians who saw their income evaporate,^[37] disabled people finding it increasingly difficult to access services,^[38] academics relaying stories of people being shot for non-compliance^[39] and the difficulties of those leaving youth care without proper support.⁴⁰

1.4 Why did we undertake this study?

Throughout the period of COVID restrictions, including the vaccination campaigns, some things became clear to us. The first was that someone's standpoint on the current health measures was being used as an indicator of their moral character. To comply with restrictions, to mask, to accept vaccination unquestioningly, were viewed as morally positive actions. The corollary to that, was that those questioning these pillars of COVID compliance in any serious way were displaying negative behaviours and character traits.

It also became clear on reading many of the articles cited in *Section 1.1*, that mainstream journalism rarely objectively explored why it was that 'anti-vaxxers,' 'anti-maskers' and those opposed to mainstream COVID policy thought and acted the way they did. It seemed that our academics and researchers, as a rule, did not either, choosing instead to shoehorn complex motivations and identities into reductive measures, such as Likert scale-based questionnaires, from which press releases and headlines could be extracted and propagated. This meant it fell to ordinary, but interested, citizens such as us to find out why people opposed official COVID ideology. We believe this is an important task, since **the negative portrayal of the non-compliant, with no right of reply available to them, was extremely divisive and dangerous.**

We therefore asked ourselves what might happen if we gave the non-compliant a platform? What might we learn? What commonalities might there be among them? Why do they oppose what's going on? Might we find that they indeed want to 'kill babies, cause another lockdown' and really were killers on the loose? Were they really narcissistic, displaying pathological levels of entitlement? Or was their opposition less impulsive, with humane and thoughtful reasons underpinning their opposition? With these questions in mind, we hoped to promote a deeper understanding of this growing group of people.

2 How we did the work

Modelling our work on academic studies which used interviews, we engaged with participants on three categories. The first was biographical details, such as age, living arrangements and belief systems. The second category dealt with attitudes to health policy with talking points intended to probe a participant's perspective on COVID. The third category explored participants' reflections on how social and political changes they had experienced affected the way they related to others, and their outlook for the future.

Participants were recruited through a mixture of personal contacts, alongside an open call for participants on social media, giving a final sample size of 11 people. This size is similar to other small-scale interview-based studies. Interviewing was done on an individual or couple basis, using a set of questions as the basis of a conversation. This allowed interviewees to freely respond to and comment on other aspects of the situation they thought relevant. Interviews were recorded and transcribed, and transcripts were inductively coded using the QualCoder software package.^[41] Edited, redacted transcripts are available at <https://doi.org/10.6084/m9.figshare.19623558> and <https://archive.org/details/lookintoeyes>. All quotations in this text have been edited to remove verbal tics. Consent statements are contained within the transcripts.

3 Results and discussion

3.1 General observations of the sample

3.1.1 Sample demographics

The age distribution in the sample ranged from those in their 30's to those in their 70's, living in conventional domestic situations. The median age range was 50-59. Of the sample, three lived with their spouse and children, three with their spouse, two were single parents and three lived alone. Six participants were in work, two were unemployed and three were retired.

3.1.2 Anonymity

A majority of participants opted to have interview transcripts and excerpts published under their own names, stating that it was important to have at least some of their name attached to a record of their views. This served as either a marker of authenticity for them, or because withholding their name was futile, given their views were public prior to interview. There was also variance in how enthusiastic participants were in choosing to use their real names:

'Well, I'm going to be telling you about what I think and why I think it, and I kind of feel maybe I should stand next to that, put my name out there. Can't see any problem with not [withholding my name].' (Gaenor)

'Well I'm fairly comfortable with people knowing about my views. I'm pretty confident that everyone around me has a pretty good idea. I'd like to leave it, you know, half enclosed [omitting the surname] so I can potentially protect myself if there ever is a time where I do need to conceal it somewhat. But it's not really a concern of mine.' (Craig)

Others preferred to withhold their real names, expressing concerns that the views they expressed may lead to financial and social costs. The consideration of the social costs in making this choice highlights how polarised the coronavirus situation had become:

'I'm fairly well known to a large number of people in the local area, but they don't necessarily know what my views are, not that I've kept them hidden, but where it's been possible to avoid discussing things, I have. If they were to identify me, that might actually mess up some of my social activities and relationships.' (A)

'Well, primarily, it's because we have a family business and I wouldn't like to think that anything could affect that. My surname is quite unusual, and you'd be able to work out the family business from that and I really wouldn't want to do anything to its detriment, because we need it! So that's part of it. I guess the driving reason behind it is fear, isn't it?' (K)

3.1.3 Sources of news information and political activism

Nearly all interviewees spoke of a dislike of mainstream news outlets, e.g. the BBC, Sky News or the Guardian. In most cases, this was due to their coverage of the coronavirus situation. Interviewees sought alternative news sources because they perceived the mainstream coverage of COVID as biased. A minority of interviewees were primed in advance to seek alternative sources because their experience of media coverage of events prior to Covid had led them to conclude that media coverage of Covid would be biased:

'I was out of sympathy with their [the BBC's] whole approach to the Brexit debate which, despite their pretence of balance, was massively one-sided. But the fact they had to keep on pretending they were showing balance by bringing on you know, somebody rational from one side of the debate and then somebody totally irrational from the other of the debate and saying that's balance, was not right. But I still listened to them. I/We stopped watching BBC news back in March 2020, when it was evident... that they were trying to frighten us, basically.' (A)

'I wasn't sceptical a decade ago, definitely, but as we went through that long drawn-out period with Brexit, it just got worse and worse and worse. Even a couple of years, more than a couple of years ago, I'd said: "I just can't watch them anymore. Because everything they say is just so biased."' (W)

'[I] used to have the news on pretty much all day. 24-hour news, and it got [to] where the BBC just wound me up so much. Again, with the Brexit [debate], it's exactly the same thing that happened with the Brexit [debate]. It's not balanced, I don't think. It's all... they [BBC reporters] were Remainers, every one of them were Remainers back in the day and everybody now is a lockdowner.' (Jean)

'We used to listen to Channel Four News pretty religiously at seven o'clock nearly every night. But I found it increasingly hard to tolerate because of the propaganda, especially in relation to Syria.' (Gareth)

In addition to abandoning mainstream news sources in favour of alternatives, three interviewees chose to cancel their TV licences, citing a desire not to fund public broadcasters such as the BBC. Despite the general dislike disclosed by the interviewees, some still tuned into mainstream media with the intention of '*knowing your enemy*.' The characterisation of certain news channels as the 'enemy,' once again demonstrates a profound polarisation surrounding the coronavirus issue.

The majority of the sample (9 of 11) had engaged in some form of activism in response to the COVID situation e.g. by attending protests, debating with others, writing to their members of parliament, organising local groups and distributing leaflets.

3.1.4 Relationship to group norms

Four interviewees expressed feelings of being different, adding that this was a feeling that long preceded COVID. Gareth explained that he had *'always been an outsider. Definitely a square peg in a round hole, never fit in anywhere, never wanted to.'*

K said she *'never really conformed. I may appear that I do, because I look like I'm going along with it, but I'll only do as much as I actually have to, to keep myself from standing out for the wrong reasons.'*

Angela said she had *'never quite fitted in,'* and identified in her own interactions that many of her friends with similar views felt the same. Similar feelings were expressed by Jean, saying she *'never really followed the crowd,'* and Niki echoed this, having *'never been really worried about not going along with what the rest of the world thinks.'*

Although three people in the sample described themselves as 'pretty normal,' or 'run of the mill people,' it is possible that, for other participants, a pre-existing familiarity and/or comfort with feelings of difference served as a buffer against the pressure to comply with COVID policies based on behavioural manipulation techniques such as shaming and exclusion.

3.2 Participants' expressions of personal values

Here we probed values, preferences and beliefs that participants held. In asking about these aspects of participants' lives, we aimed to understand what beliefs are connected with the interviewees' scepticism.

An emphasis on personal responsibility, individual agency and the desire not to impose on others were important to interviewees and were discussed both explicitly and implicitly. For instance, A stated: *'I suppose, of the things I believe in, if you come back to a belief system, one is a sense of personal responsibility,'* while Angela referred to *'a very strong sense that we should be accountable for our actions.'* Like A, K was more explicit, saying *'I do believe in taking responsibility for yourself. I always have done. I don't expect anybody to look after me. I will do my best to be responsible for myself.'*

The desire not to impose their preferences on others was highlighted by Angela: *'If people want to take it [the vaccine], then that's entirely up to them.'* She gave another example: *'I don't live on pot noodles, but you can if you want to.'* Similarly, K said: *'I don't believe that other people should stop living their lives and suffer to keep me safe.'* Other values deemed important were *'do unto others as you would have them do unto you'*, not harming others, and giving others the benefit of the doubt.

The stated reluctance by interviewees to impose on others combined with the absence of evidence in any of the transcripts for a desire to coerce others to behave in a certain way supported interviewees' emphasis of personal responsibility.

We found that opposition to official COVID policy was rooted in ethical concerns as opposed to data and statistics. An overwhelming majority believed the locus for these decisions was situated within the individual. Interviewees referred to ‘*a conscience*,’ or the difference between moral and immoral actions being self-explanatory, with an individual being able to tell the difference without external prompting, at least in adulthood:

‘I don’t know, it’s probably a combination of nature... I don’t really know. You’re brought up a certain way. But it’s not just that. It’s like you say, you know. It is within you, isn’t it?’ (E)

‘I think humans... generally... want to be good and kind and nice and helpful. And yeah, I think that’s the natural human state. Some people would say “no, no, no, the natural human state is sin.” I don’t think that’s true.’ (Gareth)

‘I think being a good person is about understanding that “what is real is experience, and what is real is this moment.” Once you’re an adult, once you’re a reasonably conscious human being, you shouldn’t need rules imposed from the outside to tell you what is right and wrong. It’s just obvious.’ (David)

‘You can show somebody. When you bring your kids up, you can say “you must, be good and do this and this,” ... “you don’t say that to somebody because that’s not very nice,” or whatever. So you can point people in the right direction, but at the end of the day it’s still within them, whether they choose to follow that.’ (W)

The view that moral code was *taught* at a young age as W and E alluded to was also prevalent, with Angela saying ‘*the instinct is to say it’s from how you were taught as a child and of course, that must be part of it.*’ Gaenor viewed it as being innate, but ‘*nurtured through parenting and teaching... some people are lucky and have the right guidance and other people, perhaps not so lucky.*’ Interestingly, Niki who is a retired probation officer shared that view, saying she had ‘*met a lot of kids who have had terrible upbringings and so when they get to be adults they don’t really have a moral compass, because they’ve never been given one from a young age. If your parents are drug addicts and thieves and are involved in criminal acts, then you kind of think that’s OK.*’

Two interviewees, Niki and K, expressed the belief that morality was subjective and dependent on individual circumstance.

When asked about religious and spiritual beliefs, two professed a belief in the ‘*power of nature*’, six did not subscribe to any religious or spiritual belief, two expressed an openness to spiritual and religious forces and one identified as Christian.

3.2.1 Autonomy

Most participants (8 of 11) expressed a preference for self-determination and some suspicion of rules and authority figures in a variety of contexts. For instance, Jean, recounted a time when she challenged her driving instructor: *'He would say to me, "put your foot down on here." And I'd say "why?" while I'm driving along, and he's saying, "because if you don't, we're going to crash"... and that's the thing, I needed the answer before I could do something. Now, you know, that's the way I've always been. I want to know why first, and I don't know where I got that from.'* Gareth stated his attitude to rules: *'If there was a rule there, then it just had to be broken. And there was no way I'm going to be following any stupid rules unless they make sense.'* Niki, along a similar line, said of her life experience: *'I'm surprised I managed to stay in paid work for that long, because I'm not very good at taking direction, unless I respect them, or think they know what they're talking about.'*

These tendencies towards autonomy were also exhibited in some unexpected ways. Angela's response to being confined to her home during a bout of illness is a good example: *'I worked from home, which I didn't have to do. They hadn't asked me to, in fact they told me I didn't need to, but I'm conscientious enough to actually feel like it was important for me to carry on working.'*

None of these examples suggested an outright rejection of rules and authority, but rather a demonstration of a strong need to internally justify rule-following and deference to authority in these four participants.

The importance placed on self-determination also came through indirectly in statements such as these:

'I think I'm better generally in "telling" mode - in "teaching" mode, if you like, which is why I enjoy teaching so much, because I'm in control of my material, I'm in control of the situation.' (A)

'What have you got if you haven't got freedom? What is there? There's nothing! You've got nothing if you're not free to work, to go out, when you want to, to travel. What is there? There is nothing. What is the point of anything [without freedom]?' (W)

'I think you get to the point where you just think "I can't try and bend myself into the person you want me to be," ... So, yeah that's basically it.' (Niki)

'People do seem to think that's what the state is there for [managing their affairs]. Whereas I don't think that way. I want to be self-governing.' (K)

Although reasons underpinning these drives towards autonomy and questioning authority were not discussed by participants, they might be understood in the context of the real-world manifestation of their beliefs in personal responsibility. They might also be understood in the context of 'liveliness',^[42] a theory of the mind developed by Amy Willows to explain the individual's propensity to be guided in their actions by their own independently developed beliefs as opposed to uncritical

conformity. We assume that exercising personal responsibility feels preferable for participants, in light of their objections to a prescribed life or having to modify behaviour in response to external commands.

3.2.2 Attitudes towards illness and death

Most, if not all, of the Government's COVID policy was implemented ostensibly on the basis that it might prevent people from falling ill or dying. We also know that the government did not conduct a cost benefit analysis to inform this policy approach. We therefore believe the government's underlying value judgement was that considerable and unknown collateral damage was acceptable to ostensibly avoid COVID-related illness and death. We also hypothesised that opposition to COVID policy may have some grounding in the participants' views on illness and death.

Compared to the *length* of discussion on death, interviewees did not spend as much time talking about their perspectives on illness. However, a desire to avoid suffering was noted:

'I don't want to suffer, I don't want an illness that makes me suffer, and that kind of bothers me.' (W)

'I don't want to feel fear or pain.' (K)

'Nobody wants to suffer, but suffering is an absolutely unavoidable part of life.' (David)

Attitudes to death were complex and multifaceted. Participants expressed a desire '*not to die prematurely*' (K), or as '*not ready to die yet.*' More specific reasons were given by E as to why a longer life was preferable in his view:

'I'd like to live a bit longer, see my kids grow up and whatever, perhaps grand-kids. Again, it's probably me getting older as well. Wouldn't say we've lived a full life yet.' (E)

These views were clarified with expressions of a view that *quality* of life is preferable to *quantity*. Some participants referred to past experience to explain why this was the case for them:

'Having now watch[ed] my parents-in-law deteriorate into their old age, I don't want to get that old and that incapable.' (Niki)

'If I'm not in decent mental health, I don't want to be around.' (A)

'I'm not scared of dying, I'm scared of not living. That is my thing.' (W)

'What is much more important than not dying, is living.' (David)

Despite some expressing a desire to live a long, high-quality life, the inevitability of death was openly acknowledged by all participants and was not a source of distress for them. This view may have been informed by a belief in an afterlife, or previous exposure to death:

'You know, it's going to happen to all of us. I think I have found having lost a lot of people over the years, I've become, it's not really an issue for me to talk about death. From a young age, I've had my funeral plan written down. And I think about this stuff all the time.' (Gaenor)

'I believe death is inevitable, but there's no reason to actually spend any more time than that one sentence, thinking about it, to me.' (A)

'It's what being human is. You can't have life without death. It wouldn't have any meaning would it, to be alive if there wasn't the counter of death. I don't particularly fear death to the point that it would dictate me hiding myself away from COVID, but I don't want to go running, embracing it,... it's not like that.' (K)

'Death is part of life. I'm not frightened of death at all.' (W)

'I used to [worry about death]... I used to be reasonably obsessed, but that was when I was young. And that was just after a really good friend of mine died, he was only 19, suddenly. That sort of made me trust my health, I suppose. But you know, I kind of made a decision quite a long time ago to just stop worrying about it. And I don't really.' (Gareth)

'Death is not the end. So, it's not a tragic event as far as I'm concerned. You know, certainly not something I would invite. But, yeah, it's not, not something I would ever be scared of.' (Craig)

Participants displayed a high degree of consistency in their attitudes to illness and death, suggesting that this may have been a key factor in their opposition to COVID policy. To the extent that COVID policies were seen as having no consideration for quality of life, this may have contributed to participants' rejection of these policies. Future work could explore in more detail attitudes to the relationship between quality and length of life.

3.2.3 What it means to be human

Professor Mattias Desmet, a clinical psychologist at Ghent University in Belgium, has posited that those who complied with and supported COVID policies would be more likely to view human experience as purely biological or physical.⁴³ A decision was therefore taken to explore participants' individual meaning making with a formulation of the corollary of Desmet's hypothesis: those who did not support or comply with COVID policy did *not* view humans as existing solely on a biological and physical plane. In this way, we sought to test Desmet's theory and reveal a potentially important trend within the sample by asking the question: 'what is a human?'

The view of six participants was that a human being is more than a biological entity although there was no uniform perspective on how to define that. For instance, A, an atheist was rather specific in viewing humans as '*more than just biological matter.*' He went on to say: '*It's a set of impressions and it's that person's actions, the impressions that person leaves on you, that's much more than just their physical presence.*'

Less specific responses that referred to the ‘*beyond*’ were also offered by others, but they did not specify what that meant:

‘I think we’re obviously having the experience of being a walking, talking bag of cells. But there’s clearly something far more, far beyond that, you know, the experience that we’re living through. We have a nature that is completely distinct from our primal nature. And it’s almost as if these things are at odds with one another a lot of the time.’
(Craig)

‘So there is something much more than just an entity, a human, a person. And I believe that there is something that, our bodies in a sense, are the house for whatever’s inside us rather than the other way around.’ (Angela)

‘Human beings are amazing. I think it’s incredible, that we’re here and the things we can achieve. The brilliance and the stupidity and everything in between. I certainly don’t think that we’re all just sacks of meat. But even if we are, so what?’ (K)

We also note that a minority (3 of 11) viewed humans as animals, but that did not imply an absence of something beyond the biological plane of existence. E stated a human is ‘*basically an animal, like everything else,*’ while Niki gave a much stronger reply: ‘*We are an animal! Look at how people have started fighting over toilet rolls and bloody petrol! I mean, yes! We’re basic!*’

Two participants viewed the question as somewhat difficult to answer for a variety of reasons, such as the question being ‘*too deep,*’ or that they simply did not have an answer. We believe the demonstration of the existence of beliefs in a deeper meaning of humanity in a majority of those sceptical of the official COVID narrative offers some support for Desmet’s theory: that those sceptical of and noncompliant with the official COVID narrative and policy tend to view people as more than biological entities.

3.3 Clarifying the language of COVID

Participants were very particular about the language used to describe different aspects of COVID. Here we were able to examine the difference between participants' use of common COVID-related terminology and its mainstream usage.

3.3.1 COVID.

When asked what COVID is, the majority of participants (8 of 11) gave what we termed a 'mainstream' answer, making reference to an influenza-like illness and often giving comment on its consequences:

'Well. COVID obviously, there's an illness going around, like a flu, it's been blown up to make us believe it's something a lot worse than it really is.' (Niki)

'COVID, is a respiratory illness. I think the majority of people who get it are going to be fine. I think there are going to be people who are elderly, vulnerable, people who have other issues who might be vulnerable to becoming sicker with it.' (Gaenor)

'I guess COVID is, you know, whatever this kind of flu like condition is that does seem to be somewhat distinct from what we know as the flu previous to 2020. Whether it's a new viral strain, I don't think that's particularly clear, but it's certainly something distinct from what's come before.' (Craig)

'SARS-CoV-2 is a coronavirus, I'm absolutely not a scientist at all. SARS-CoV-2 is a coronavirus. Coronaviruses have existed for ages. We have coexisted with them, for ages. COVID-19 is, now I will get the language wrong, but COVID-19 is the disease, that if you've got SARS-CoV-2 and if it attacks you in a particular way, you succumb to COVID-19. I'll put it no more scientifically than that. That's as I understand it. So, I believe that COVID-19 exists, yes, and it is particularly nasty, and people are laid low with it.' (A)

A minority of responses (two), while acknowledging a disease component to the term Covid, also emphasised more abstract elements in their definition. Only one participant expressed some disbelief that COVID was a clinical disease:

"What is COVID?" is an interesting question. The first thing it is, for me, is a hysteria, a mass phenomenon, a groupthink. Perhaps the second thing that it is a tyranny. And then perhaps the third thing it is, is an illness.' (David)

'A scam, quite frankly. Yeah. I mean there is obviously... something that is affecting people's breathing.' (Jean)

'I'm one of those people who believes that they came up with a scary sounding name for what possibly is a virus, or may not really be anything at all, I think that it is a bioweapon, personally. I think it has been created to cause fear... So you can call it what you like, but I don't really believe in it.' (Angela)

In contrast to what has been suggested by some press outlets, a majority of participants asserted their belief in the existence of a novel circulating respiratory pathogen.^[44-46] However, a significant minority (3 of 8) of participants' explanations of COVID as a disease phenomenon also included a nuanced interpretation of the effect on the psychology of the individual and on wider society given the way it had been publicized and how press coverage had influenced the public's perception of disease severity and risk.

3.3.2 Lockdown.

Definitions of 'lockdown' were somewhat harder to categorise than those given for COVID. It is significant that *opinions* on lockdowns – values-based judgements of lockdowns in terms of their effects on civil liberties – were given in addition to a definition by some participants:

'It's a curtailment of personal liberties, for something that really shouldn't be there and has never been done before... and I'm amazed, I just don't know how they managed to get away with it. And now that they have, they're going to do it forever.' (E)

'It's an overreach by the government into our own risk assessment and our own lives and because it's so unprecedented, because they did all that, well, other people started to think "Oh well it must be really serious then because look how, my god, they're doing this to protect us all!"' (Niki)

'And a lockdown, obviously, a lockdown is, you know, language you'd use for prisoners previous to 2020. So now, it's just, you know, normal government policy. Yeah, lockdown is just the restriction of people's rights essentially... completely unnecessary and unscientific. It obviously has nothing to do with stopping the spread of a virus.' (Craig)

'Now, obviously, it is a restriction on our lives in one way or another, whatever they dress it up as. It is control.' (K)

'Lockdown isn't just a case of you're only in lockdown if you're staying at home. It's whenever there are any restrictions around and we've had restrictions around now for 20 months. And now we've got the masks back again. That to me, that is all part of lockdown, that is all part of it. It doesn't just mean you're working from home.' (W)

'Mostly it's a word that just really irritates me. It's another essential part of the new normalist lexicon and represents the normalisation of a practice that was previously unheard of – staying at home. The people that go along with it, they often seem to rather relish talking about it, because this new thing is kind of exciting to them.' (David)

More descriptive definitions were also offered by some, and were interspersed with opinions on the policies as the participants understood them:

'Stand two meters apart, not to meet... if you do meet someone outside, it is only for exercise. Or were you even allowed to meet someone for exercise? I can't even remember. I think the thing was that the definitions changed so much, didn't they? It was difficult to kind of keep up with what the rules were because they did seem to be constantly changing. And you know, quite ridiculous, not being able to meet someone on a bench outside, it's just ludicrous.' (Gaenor)

'Lockdown has been redefined as whatever the government want to call it. So it's either shutting you in your home so you can't leave at all, which was the case with people in care homes for example, or it's shutting you in your home so you can't leave, other than for excuses, subsections A,B,C,D and E, you know, 1 hour's exercise a day, but not 2, essential shopping, so you can buy bread but you can't buy, you know there were all the nonsenses that were going on there and so lockdown as I say it's either actual physical lockdown in your house, or it's restriction of movement, that's still to me a lockdown.'
(A)

Three of the 11 participants acknowledged the penological origin of the word 'lockdown' when asked to define it. For instance, K stated: *'Lockdown, well, pre-COVID the idea of lockdown was something that I associated with prisons when they wanted to segregate the prisoners and stop them misbehaving if they had some incident.'* The participants' opinions illuminate the extent to which they were opposed to lockdown-related policies.

3.3.3 New Normal.

The term 'New Normal' was primarily associated with an era of greater surveillance and uncertainty:

'The way it's heading, we are not going to be able to walk down the street without being tracked, traced and locked up.' (Jean)

'[It] is about keeping your distance from people and people will still cross the road [to avoid close proximity to others], which I find unbelievably..., well, just unexplainable really. I don't know what they think they're doing to, you know, they see you coming in one direction and they cross the road, out of politeness or because they they've just become habituated to it. I don't know. So the new normal seems to be about a kind of OCD existence, which I won't be part of.' (Angela)

'I guess it's just the dystopian nightmare that I feel we've been kind of conditioned for through books, like, you know, I'm sure you've heard COVID 1984 too many times now... So, the new normal, I guess, is just complete subjugation.' (Craig)

'The New Normal is these type of interventions as and when they feel like it.' (E)

'It's something that's been planted in people's minds, and then becomes a reality, rather than something that exists in the first place. We've created it by giving it a name. It's contradictory calling it the "new normal" as it's anything but normal, That's weird. It's a state of chaos, of fear, of divisiveness, all manner of negative things.' (K)

3.4 On COVID Policy

3.4.1 Reasons for opposition to COVID policies

We asked participants why they were opposed to COVID policy. Given all were resident in England, policy primarily consisted of lockdowns and mask mandates from Spring 2020 to February 2022. The most commonly expressed reasons for opposition to lockdowns were:

- The infection fatality rate, as assessed by participants, did not warrant them, and;
- The collateral damage was too high.

Estimates of the severity of COVID featured prominently in participants' justification of their opposition to lockdowns. For example, Jean traced her objection back to death figures: *'Back in the early days, it was death figures. I think that's what made me get a little bit suspicious, because depending on where you listened to the news, there were different figures and my first thought was "surely, 10 people dead are going to be 10 people dead, regardless of who was reporting it." And, you know, that happened a few times, because I was keeping a track, and that's what made me start to make sort of fall onto the sceptic side.'*

Similarly, A kept a personal record of statistics to answer the question: *'What was the personal risk for me of taking a relaxed view of SARS-CoV-2 and the possibility of catching Covid-19 or succumbing to Covid-19?'* He concluded *'that the risk was low. It wasn't zero and I can't give you a percentage on it, but it was low enough for me not to change my life... those [statistics] were comforting to me, and then I could take a more balanced view on whether what we were doing as a nation made any sense at all, or not. It became quite clear that it didn't.'*

Gareth took a similar approach, citing statistics to come to his own conclusion about risk: *'In March [2020], the data started coming out from Italy, about six weeks after the announcement of the start of the pandemic, it was quite obvious that all the people that sadly died of it were old with multiple comorbidities, and, you know, well into their 80s. It was obvious. And I thought, "well, there's your answer right there. I don't really need to know much more about this from the point of view of how dangerous it is, because it's pretty obvious it isn't that dangerous.'"*

In addition to assessing that COVID lockdowns were disproportionate to the risk, participants discussed the collateral harms:

'They're [lockdowns] very damaging for the economy as a whole, they're damaging for individuals in the economy and the mental health of those individuals.' (A)

'Everything they've done, has been the antithesis of good health. It really has been just incredible, every single thing.' (Gareth)

'There's lots of other things that are killing people, you know, and people aren't getting treatment for. They're terrified to stay in their homes and dying from heart attacks or strokes, or they're not getting their cancer screenings.' (Gaenor)

'The reason that I'm against lockdowns is the collateral damage, which is vast. It's also unrealistic and quite clearly not going to solve the problem. Even if it does stop the virus in its tracks, whenever you open up again, it's going to come back because [quoting Alex Berenson] "virus gonna virus."' (K)

Interestingly, 3 of the 11 participants made clear that they were not opposed to lockdowns in principle as a response to outbreaks of disease. For these people, there was a view that the COVID death rate was not severe enough to impose them:

'If it had been Ebola, you know, I think all these restrictions would have been acceptable to a certain extent. But the fact is, that it's been proven that it's not.' (Jean)

'The only thing that would have changed my mind is if I had literally seen people dead and dying in the streets. Then I might have believed it was necessary.' (Niki)

'If there had been a very good reason for it, I would have gone with it, and I would have done my bit.' (Angela)

A lack of sufficient debate and consultation prior to imposing blanket lockdowns, an unprecedented pandemic mitigation measure with no empirical evidence base prior to 2020, was another reason for opposition to them.

'There was no science whatsoever to support the efficacy of lockdowns. None at all. And they just did it essentially on the whim of a Bill and Melinda Gates funded organization.' (Craig)

'And lockdown, it's, well, you know, I think they went completely against what their pandemic preparedness plan was, which was not to have a lockdown.' (Gaenor)

'And then, you know, the powers that be go off the deep end and completely go insane and launch the lockdown, which was stunning as far as I was concerned, never been tried before. And like Gaenor says, you know, the government's flu pandemic preparedness plan [which excluded lockdowns], the Project Cygnus, I think it was called that, you know, was praised from the international community for being one of the best and most thorough pandemic preparedness plans that any country in the world has ever managed to cobble together.' (Gareth)

'Well, you need a very good reason to throw out all the calmly planned approaches to dealing with a pandemic, which we had in the locker. Yeah, we had an approach to dealing with a pandemic. We had various operations or trial runs or whatever and there was a pandemic game-plan as recently as I think, 2018. And the UK and Sweden were the 2 countries that were following the game plan until mid-March and then we bottled it. We just lost it, and so we tore up the game plan and did something totally different.' (A)

'The lockdown again, it just seems to me there's no logic behind any of it, there's no science behind any of it.' (Niki)

'So there was there was a thing I read today, that was the press briefing. They're [the press] not allowed to question anything that relates to the public health, or messaging or anything like that. They're not allowed to question it.' (E)

'We've also seen other parts of the world where they've fairly suddenly and drastically stopped all measures. And we didn't see any...noticeable impact in doing that. Like in Florida, they suddenly stopped mask mandates and the lockdowns and all of that stuff. And, you know, within a very short time, they were having comparatively really low cases of COVID. And, yeah, I mean, it's obviously Sweden never locked down at all. They had social distancing measures, but they weren't really enforced. Again, you know, there wasn't any dramatic impact from them not doing that. Those are just a couple of examples. But there's loads of examples like that. Why aren't we talking about these places? You know, the elephants in the room really, aren't they?' (Craig)

Other reasons for opposition to broader COVID policies beyond lockdowns were grounded in a concern for the precedent that they may set. For instance, Jean, referring more broadly to the government's response, said: *'I think it's just so wrong. I mean, we're supposed to live in a democracy. And you know, we are heading towards, tumbling towards totalitarianism. And we gotta stop it.'*

K, a mother, explained how her concern for the future of her children inspired her opposition: *'I've got kids, and the way that things are going, I don't want that for them, so I want them to... I suppose I want them to know "at least Mum tried. At least Mum said something."'*

David talked about what he perceived as a dehumanizing effect of COVID policies: *'I disagree with everything that's happened because it is creating and consolidating a culture based upon alienation, based upon the distancing from what is natural and what is human, and the embrace of*

what is synthetic and non-human. It's the rejection of the real and the natural, and the embrace of the virtual and the machinic and the artificial.' Two participants referred to the role of their intuition in non-compliance with measures:

'I believe it's profoundly wrong, all of it. This groupthink, this mass phenomenon, is a very dangerous thing.' (David)

'It's my conscience, I don't seem to be able to keep a lid on it. The response of the governments is not right, it doesn't feel right. It's a gut instinct reaction of "this isn't right." It's out of my control, not a conscious decision, it's just happening. It's organic, in that it grows and responds to whatever I experience.' (K)

A common accusation levelled at lockdown sceptics was that they were motivated primarily by concerns for corporate interests.^[47] This accusation is not supported by participants' responses which reflected limited (2 out of 11 participants) discussion of economic impact.

3.4.2 Views on masks

One of the most divisive aspects of mainstream COVID policy was the mandating of face coverings. The debate was highly politicised and, at times, rancorous.^[48-50] A clear indicator of the extent of polarisation is that violence has been directed at both those who supported enforcement^[51,52] and those who refused to comply with mask mandates.^[53] As with mainstream press opinion on vaccine mandates and passports, those opposed to masking have had a limited platform to express their views.

Polarised value judgements were ascribed to mask compliance and non-compliance and this was reflected in participants' views. For instance, Gareth stated it *'just signals compliance to this evil agenda, which is the main thing that really cranks my tractor.'* Niki was more blunt: *'As soon as I see someone who's in a mask [I think] "they might as well have "idiot" across their forehead.'*

Commenting on how her view of the general public had changed over the COVID era, W responded: *'That rather depends [on] whether they've face knickers on. If they've got face knickers on then they're definitely not worth it.'* A insightfully observed that:

'I was going to say [why masking may be such a contentious issue] is because it is such an outward and visible sign. You can't see the mark of the vaccination on somebody. You can see whether they're wearing a mask or not.' (A)

Like the stated reasons for opposing other COVID policies, reasons for opposition to masking and mask mandates were varied. The dominant theme was a view that masks were primarily for messaging and amplifying fear. A lack of evidence for mask efficacy was discussed by 8 of 11 participants, and 7 of the 11 considered masks more as a messaging tool than anything else:

'The purpose of the mask ... is not what we've been told. I see it as a signifier of "you must stay afraid, and you must show that you're obedient." It indicates "I'm on the good side, I'm doing as I'm told." It also reinforces the narrative of "we're all in it together," and "protect yourself and protect others," and "look after everybody else." They have used these moral messages in the guise of it's stopping people from getting ill. Which it isn't, in my opinion.' (K)

'My problem with the mask, is that the absolutely only possible reason for having them is to perpetuate fear. There is no other reason. As we all know, there is nothing anywhere to say for definite that they do anything more than nothing as far as stopping a virus virussing. Absolutely nothing.' (W)

'Yeah. It's to remind people that we're still not out of the woods and that we need to be careful. And then ... it was the other excuse [that] we need to, you know, when they brought in the mandatory face nappy rules in July [of 2020], you know, that Matt Hancock said, well, "we need to make people feel confident so they can return to the shops. "' (Gareth)

'I think the mask is to remind us to be afraid. I think it's there to remind us to be fearful.' (Angela)

These concerns may have translated into more visceral expressions against masking:

'I just hate them. I can't look at people wearing them. I find it really difficult to interact with someone in a mask and the idea of seeing someone... it's hard enough seeing a stranger in a mask, but the thought of seeing someone I love in a mask would be devastating.' (Gaenor)

'They're just vile. And the fancier they are... People buy them to match their outfits... Argh!' (Jean)

'I absolutely hate them. it's not wearing them. It's not the wearing of them, although I don't like wearing them either... when I have worn one; I had to wear one, I wore one in a hairdresser. . . so I was having my hair coloured at the time, so I was in there for two hours and I sat in front of a mirror and I cried for two hours, because I had to look at myself wearing a mask and other people around me. And I cried literally solid for two hours and I don't cry often.' (W)

'I think the people that are wearing the masks, I cannot help but feel, and I probably am, well, I'm sure I'm completely wrong about this, but my initial reaction is that the person wearing one is brainwashed, evil, and insane. And I can't get past that. So that means I can't talk to anybody wearing one. I can't even look at them. It gives me an intense feeling of unease. It's like a fight or flight reaction with me. I don't know whether to run or kill them. You know, it is that bad. And as a result, I haven't been into any shops at all or any pubs or anything or even into town, apart from maybe once or

twice since mandatory face masks were introduced. That's how bad it is. So, if people go, "well, it's just a piece of cloth. I mean, what's the problem?" You know, it is a problem. It's a big problem because I am now completely excluded from every aspect of life. So, it's not OK. It's not OK.' (Gareth)

Participants also cited health concerns in their opposition to masking, such as the implications for child development and how masks interfered with normal breathing:

'Our bodies aren't meant to be re-inhaling the air, all the germs that we're expelling. It's cutting off, well, natural breathing, there are chemicals in these masks, fibres in the masks, which are going into our lungs. I've heard and I don't know for certain, that they're bad for the brain, the heart, the lungs. It's not natural for us to wear something over our faces.' (Angela)

'And all the babies that are not picking up on those things [facial expressions], how dysfunctional are they going to be? We will only see that in six or seven years' time, how badly it's affected the babies that have been born over this time.' (W)

'It stands to reason that breathing in a concentrated soup of expelled viral particles, which should normally just be breathed out, cannot be good for anybody. That's with the viruses. Now we're talking, you know, bacteria. You want to talk about bacteria, it's well known that people have been suffering an increased rate of mask mouth bacterial gum infections, bacterial throat infections, bacterial lung problems.' (Gareth)

In addition to the above, participants also viewed masks as detrimental to emotional well-being, referring to them as 'incredibly dehumanising', and a 'tool of control and compliance.' Participants also described problems communicating with mask wearers:

'The face is 85% of human communication. Your expression, you know. There's so much conveyed in facial expression that's lost, completely. It doesn't matter what words people say most of the time, that's more or less irrelevant.' (Gareth)

'I've definitely noticed it, you know, talking to a masked person, I find it hard to, to have some, you know, personal interaction with them, you know, if they say a joke or, yeah, I just don't feel like joking with the person. I like to kind of, you know, quite enjoy having a bit of banter with strangers or people at checkouts, where if they're wearing a mask, I just don't feel compelled to have any kind of meaningful interaction with them. To me, it's just kind of like a symbol that they're not interested in interacting.' (Craig)

'My mum is 78 and she struggles without seeing people's mouth moving. She struggles to, although she's not deaf, she does have a hearing aid now and she struggles if she can't see the shape of somebody's mouth when they're talking and I do too.' (W)

Participants made clear their belief that masks served the purpose of making conscious and unconscious moral or political statements, and that this belief appeared to be the main drivers in the decision not to wear a mask, combined with the belief in their medical inefficacy. In contrast to what might be expected from mainstream coverage, the curtailments on individual freedom that mask mandates represented were not a primary concern for the interviewees. Rather, opposition to mask use was explained by a mixture of:

- Their perceived inefficacy in mitigating virus spread
- Potential negative health implications of mask wearing
- Masks acting as barriers to reading facial expressions – i.e. a ‘dehumanising’ effect
- Their role in pandemic messaging as a tool intended to amplify fear.

The intense dislike of masks based on the deeper meaning ascribed to them has rarely been discussed in pro- or anti-masking literature and press. Given how intense these feelings of dislike were in 4 of the 11 participants, they should be considered an important component of opposition to masking for those participants.

3.4.3 Attitudes to vaccination

The most divisive government COVID policies seemed to relate to vaccination. The mainstream media, powerful voices in academia and the government all vociferously expressed a desire to impose harsh consequences on those who were unwilling to get vaccinated.

‘I’m not going to put them in prison, ... I’m not going to vaccinate them by force. So, we have to tell them: from January 15, you can no longer go to a restaurant, you can no longer get a drink, you can no longer go drink a coffee, you can no longer go to the theatre, you can no longer go to the movies.’ (Emmanuel Macron, President of France)

[54]

Many other examples of hostile public communications aimed at coercing vaccination are cited in (**Section 1**). The deployment of these coercive methods was highly concerning even though employment mandates and restrictive measures (vaccine passports) were being wound down or abandoned entirely at the time of writing. Coupled with the vilification of the unvaccinated by public figures, Bor has also shown that there is widespread antagonism among the public towards a significant minority who declined coronavirus vaccination.^[55] Academic studies have been done on why people chose to decline COVID vaccination⁵⁶ and the findings reflect trends similar to ours but using different means, i.e. a series of structured questions that do not permit open ended answers.

A majority of participants in our study (6 of 11) had a neutral view of vaccination as a medical practice, or expressed mild doubts about some vaccinations, like the MMR (measles, mumps and rubella), or general vaccine efficacy:

'I'd never questioned vaccination and immunisation in my life. I had just always, like most people, gone along with the idea that it was a sensible thing. I had vaccinations as a child and I had the necessary jabs in order to travel to India in 2008 without giving it a second thought.' (David)

'It [vaccination] isn't really something I've ever given great deal of thought to. I've always thought they were safe and effective, and a lot of them have been around for a long time. I suppose perhaps if we'd had children, I might have looked into them a bit more, just to inform myself.' (Gaenor)

'Up until two years ago, I never really questioned the vaccination programme. My children are vaccinated. I am also vaccinated up to the point that you know, given my age, those I was given at school. Since the COVID thing and the vaccination programme, I have become far more sceptical, I have to say, although that's not a popular opinion, and it's one that I keep quiet. So, I'll admit that I just toed the line up until very recently, and if they said, "that's what your kid needed," then I took my red book in, had them done, had it signed, and that was it. Job ticked off the list.' (K)

'Until now, we haven't had a problem with it [vaccination].' (E)

'I'm definitely not against vaccinations wholesale, you know. I think there is scope for vaccines being useful. I'm not necessarily convinced by vaccines having been as effective as they're touted as having been. But I do think, you know, there is definitely scope for that kind of thing being available.' (Craig)

'I don't think the MMR one is a good idea. Because giving three in one shot, I think, you know, has provably been quite a bad idea. And it seems like if people are given the choice of having separate mumps, measles, and rubella jabs, then they seem to fare a lot better.' (Gareth)

A minority of the sample expressed disapproval of vaccines in general but did not wish to prevent others from taking them. For instance, Angela, a long-time proponent of natural medicine, expressed a preference against vaccination, but was not against the availability of vaccines in general:

'I'm what they would describe as an "anti-vaxxer." I don't mind if you take one. I hardly gave my children any, and I did have some disapproval from one or two other mothers. I remember when my children were young. And my youngest son didn't have any. And he also didn't have any childhood illnesses at all... it's a personal decision, whether you want to take a vaccination, as far as I'm concerned.' (Angela)

We suggest, therefore, that generalised opposition to vaccination was not at the root of concern over the COVID vaccines among official-narrative sceptics. Instead, we were able to group reasons for objection into broad 'health' and 'messaging' categories. Where health was concerned, doubts over vaccine efficacy combined with a concern for the side effect profile were prominent reasons for vaccine refusal:

'I was watching the data coming in, in real time, when they rolled out the jabbing in December and January from, you know, Israel, the Seychelles... Gibraltar was another one where, you know, you just look at the deaths, and it was an exponential curve to the moon after they started jabbing.' (Gareth)

'It's also becoming increasingly clear they're not effective because 75% of the people going into intensive care and 75% of the deaths, certainly in the over 50's are of fully vaccinated people. And so a lot more of the deaths will be of what I call "vaccinated people," because they define fully vaccinated as you've gotta survive 14 days after your vax... So, they're not safe, as evidenced by the Government's own weekly reports, they're not effective, and they're not necessary, if you look at the small number of people, otherwise healthy, who are dying with Covid. So they're not safe, they're not effective, they're not necessary, what more reason do I need not to have it?' (A)

'This so-called vaccination clearly doesn't prevent you from carrying and transmitting this particular microorganism. My understanding of immunisation was that it prevents those things.' (David)

'They keep telling us that they wane after a few months so why would you bother keep doing them—' (W)

Side effect profiles were covered in general terms, referring to deaths, heart issues and the possibility of long-term harm. For example, Angela referred to *'children dying from these, after these injections now, in this country. There have been more deaths and injuries from this one experimental injection than I think it's something like 20 years of previous vaccines put together.'* Craig said: *'I think we have enough emerging data now to show that they're doing people very serious harm.'* E referred to the UK government's vaccine safety monitoring system: *'I mean, we've been keeping an eye on the yellow card system and thinking: bloody hell, this doesn't look good.'*

In addition to a view that there were several side effects, a lack of trust in various aspects of their development process was apparent:

'When you look at their track record, they're just not the kind of companies I'd ever really consider trusting. Certainly not with a vaccine [which] is a big decision really; it should be a big decision to take a vaccine.' (Craig)

'I've heard people say, "well, they've chucked so much money at it and so [many have] been working night and day at it." But, you know, if you still need however many years in the safety trials, then unless you believe in time travel, it's just not going to happen, is it?' (Gaenor)

'They shouldn't even be giving them, because there are [alternative] treatments that we know, work, [and] that credible and uncorrupted doctors and scientists were using, have used and done trials [on]. Well, not trials, but they've had patients that are alive, that wouldn't be if they hadn't used their medical experience and knowledge and actually been allowed, well they weren't really allowed to be doctors, but they went ahead and proved themselves to be good doctors anyway and saved their patients.' (W)

'I now believe that the biggest problems are from the so-called "vaccines," that's doing more damage than "the flu," the flu bug, which is called COVID-19, is doing.' (Jean)

When asked about their thoughts on the messaging accompanying the vaccination drive, very strong opinions were voiced expressing disgust at the coercion that was applied to workers in some sectors:

'It's horrible. Horrible. Sinister. Horrible, sinister, dystopian, scary, all of these things. Makes my blood run cold. Somebody posted an advert that's been run in a lot of things about why all 12 year-olds should be [vaccinated]... and why you should get it done for everybody else and... I don't know. It frankly horrifies me. That is how I feel about it, it is horrible. Horrible.' (Niki)

'[The messaging] Sickens me (laughs). It feels like some weird kind of horror story, that is so blatant and so loaded with manipulation, but bizarrely, not picked up on by the general population. The real facts and the figures are all there, if you go and look for them.' (K)

'It started off being something for the elderly and has become, absolutely everywhere, being forced, being coerced, being nudged, to take it at every opportunity. They're pushing and they're threatening us now. And that isn't for anybody's health.' (Angela)

'I think the rhetoric surrounding the vaccine rollout has just proved beyond any remaining doubt that this is not about protecting us.' (Craig)

'For Javid to say "people who can't be bothered" to get a vaccination. Dismissing them like that when these are people who are going to be fired from the job they probably love doing because they've taken a stand, is disgusting. It really is.' (A)

It was interesting to us that participants expressed a view that the vaccination messaging was not 'about health.' Participants referred to incentives to vaccinate as evidence of this. We summed up the question of health by pointing to contradictions in the incentives being offered to get vaccinated: *'Burgers and Fries and ice creams and all sorts of things we've had all over the world. None of them good for you, so how can it [COVID vaccination] be to do with your health?'*

A majority of participants expressed concerns about the lack of integrity in public messaging surrounding the vaccination campaign and we suggest that this was a significant factor in their decision not to get vaccinated. The freedom of choice and the right to refuse vaccination was also addressed in general:

‘There are some things that are my hill to die on and bodily autonomy is one of them. This sounds dramatic... if they said that I had to have the vaccine, I think they’d have to physically drag me from my home and do it. I wonder “at what point would they get me to present myself to receive that thing?” I don’t know. Would they have a noose around my daughter’s neck? How would they do that [coerce K successfully]? At what point? Bodily autonomy, to me, is paramount. It would feel almost like being raped or something. I feel so strongly about it.’ (K)

Views on the messaging accompanying the vaccination drive stressed the importance participants placed on free choice and autonomy. This aligns with the opposition to COVID policy in general as discussed in **section 3.4.1** and with views expressed in **section 3.2.1**.

We also found that the unusual pressure to vaccinate led to both a suspicion of healthcare providers, and a greater desire to understand vaccines in general, in alignment with findings from Jørgensen *et al.*:^[57]

‘What’s happened now is, I don’t trust anything medical now. I said to E today: “if I have a heart attack, please don’t send me to a hospital, I’d rather die just where I am than go into a hospital.”... I have lost faith. I’m now very disappointed in myself for allowing the kids to have the HPV vaccine, because I wish I’d have not trusted them then. Because I did, it was four or five years ago now. And apparently [my] younger daughter did have a convulsion [on the] bathroom floor and I thought they were just being hypochondriacs, but I now think that maybe she did.’ (W)

‘I suppose it’s only with this one coming out now that I’m beginning to kind of like read more stuff about vaccines in general.’ (Gaenor)

‘In terms of the general ones [vaccines] that are given through childhood, I have to say I would really like to have said that I’d researched them, but I didn’t. Whereas now I always will.’ (K)

‘I am anti-vax now.’ (Jean)

None of the participants expounded stereotypical ‘conspiracy theories’, like those referring to microchips, 5G and nanotechnology, as grounds to oppose COVID vaccination specifically. One participant, however, made a vague allusion to a feeling about the mechanism of the COVID vaccines:

‘And that, you know, in my heart, that’s what I believe about these vaccines is they change the way our human body works... I can’t articulate that because I don’t

understand the technology well enough. But it seems to me it's kind of replacing... it's almost kind of seeking to replace a fundamental part of your own function.' (Craig)

It is important to make a distinction between speculation surrounding the COVID vaccine and speculation about *why* the COVID response across the world took the shape that it did. These are discussed in **section 3.7.2**.

Interestingly, contrary to the findings of Bor *et al*,^[55] the participants' choice in our study to reject COVID vaccination did not stem from any of the factors identified in that study: *'medical conditions, immunity from prior infection, a history of mental health issues that may intensify fear of vaccinations, negative past experiences with health authorities (especially as a minority), concerns due to country-specific public health scandals, or ethical considerations about vaccine equity.'*

Instead, we found that concerns over safety, efficacy, absence of integrity in public messaging, and coercion, were the key drivers for COVID vaccine scepticism. These factors appear to have contributed to a consequent loss of trust in vaccination in general.

3.4.4 Views on the public messaging

The UK government spent over £100 million in 2020 on its pandemic communication strategy,^[58] with extensive TV, radio and newspaper advertising campaigns. Some campaigns were controversial^[59,60] like the 'look them in the eyes' campaign which ran in late 2020 to early 2021, the namesake of this study. This campaign showed pictures of COVID patients and healthcare workers and asked the viewer if they would be able to 'look them in the eyes' and honestly declare that they had complied with COVID restrictions (**Figure 1**). The intention was clearly to provoke feelings of guilt in the general public for non-compliance thereby using emotional manipulation to increase compliance with restrictions.



Figure 1: Some examples of the 'look them in the eyes' campaign.

Communications regulator OFCOM made it difficult for broadcasters to air views that might run counter to the Government's Covid advice by issuing guidance to broadcasters to avoid "question[ing] or undermin[ing] the advice of public health bodies on the Coronavirus, or otherwise undermine people's trust in the advice of mainstream sources of information about the disease". Thus, a primary function of broadcasters to challenge and hold the Government to account was subverted by a restriction on expressing independent viewpoints on COVID.^[61]

In a move suggested by some as setting the tone for messaging to follow, the Scientific Pandemic Insights Group on Behaviours (SPI-B) published a memo in March 2020 exploring ways to increase compliance with social distancing guidelines. The memo received attention, notably for this paragraph:

'The perceived level of personal threat needs to be increased among those who are complacent, using hard-hitting emotional messaging. To be effective this must also empower people by making clear the actions they can take to reduce the threat.'^[62]

The use of social disapproval was also considered in the same memo, with the caveat that *'this needs to be carefully managed to avoid victimisation, scapegoating and misdirected criticism.'* Although the advice in the memo applied specifically to social distancing, a tension between those who complied with coronavirus regulations in general and those who did not seemed a likely consequence of using social disapproval to engender compliance.

The use of these approaches is worthy of exploration and so we asked participants about their thoughts on the messaging. Generally, participants viewed messaging as coordinated and ascribed sinister intentions to it, informed, in part, by the work of Laura Dodsworth in this area:^[63]

'It's horrendous. It's criminal. Bordering on criminal, I think the way the media have all said the same thing. Well they're all owned by the same people aren't they, so what do you expect.' (Niki)

'A State of Fear [Laura Dodsworth's book] showed exactly what the game plan was, which was "we'll frighten people and once you frighten people, you can get them to do things, especially if you frighten them about their health."' (A)

'It's one thing to try and use applied behavioural psychology to stop people smoking or dropping chewing gum or drinking and driving or something like that, but to use it to persuade people that you're going to catch a deadly virus off your nearest and dearest in outdoor spaces and that you have to wear a mask and all the rest of it, is just boss level evil.' (Gareth)

'Well, it's been psychological warfare hasn't? I mean, I've read the book, "A state of fear," [by] Laura Dodsworth.' (K)

Despite strong ethical objections to the objectives of the COVID communication campaign, participants agreed that it had been highly effective in achieving its stated goals of leveraging fear to increase levels of compliance:

‘They achieved their aim in that they increased my perceived level of personal fear, but from them, not from the disease. Whereas obviously... it appears that for the majority, it worked for their level of fear on the actual disease. So, it served its purpose.’ (K)

‘If I’d wanted to take a different approach to dealing with the outbreak, then I would have messaged very differently, but given the government strategy of “you’ve gotta frighten people to make them do what we want,” then the messaging was brilliant.’ (A)

‘Well, the brainwashing has worked. It’s supposed to. It’s very effective.’ (Gaenor)

‘I guess, they’ve done a pretty perfect job of it, haven’t they?’ (W)

Participants observed the high level of fear generated in the public. Angela remarked that: *‘It makes me feel sad to see people looking so frightened from behind their masks or subservient actually. It’s made some people apologetic and subservient and can’t look you in the eye or they’re withdrawn. And it’s just horrible. Actually. It’s just awful, what it’s done to people.’*

Gaenor, referring to a past experience, asked: *‘how much [fear] do you have to put into someone in order for them to risk walking into a busy road rather than walk past another human being?’*

The use of war-like and militaristic language, was also viewed as important to the messaging, and was suggested as one of the reasons behind the *‘victimisation, scapegoating and misdirected criticism’* that SPI-B warned against:

‘Unfortunately, because we’ve talked about the “war against the virus,” we’ve got people thinking along those sort of lines and being encouraged to think that people who may not share their views are in fact the enemy. This whole belligerent approach is because we talked about a war; you know, “we’re at war;” we never talked about a war against flu but we’ve been using belligerent type language and politicians are entirely to blame for this.’ (A)

All participants were opposed to the *intention* of the messaging and viewed it as damaging in its effect. Condemnation of the techniques used was rooted in the belief that they were unethical, coupled with the importance that the interviewees placed on not imposing on others.

3.5 Effects of COVID policy on participants

We considered it important to gain an impression of the personal impact of COVID policies on interviewees, because personal experience, alongside their stated values, might have informed their views on policy. We asked interviewees about their experience of the first weeks of the UK-wide lockdown, and the impact of COVID policy on them personally and on their relationships.

3.5.1 Lockdown: Initial reactions

Restrictions relating to the first national lockdown in the UK started on the 23rd of March 2020 but were signed into law three days later. They included a ban on household mixing, state mandated business closures and the public being permitted to leave their house only for specified reasons. These measures represented the most severe peacetime restrictions on movement and liberty in the UK in living memory. We sought to gain an understanding of *when* participants first began to question or oppose lockdown measures by asking about initial reactions.

Four participants disclosed that they generally complied with restrictions in the initial stages. This may be explained by some participants not taking issue with lockdowns *in principle* (**Section 3.4.1**) combined with a different understanding of the severity of COVID-19 at the start of the situation, which evolved over time:

'Well we were OK to start with initially, we sort of bought into it actually.' (E)

'My initial reaction was, "he must be saying this for a good reason." I really believed it must be for a good reason. So I thought, "right, this is what we have to do, these men [are] smartly dressed, well as smart as he ever gets." I've never liked him and I've never trusted the man [Boris Johnson] I've never found him funny. So, you know, I wasn't particularly impressed with him from the get-go. But I did think, "right, we have to do this because there is something here that we need to do to stop the NHS becoming overwhelmed." It made some sort of sense, so that was my initial reaction, even though I didn't really like it. Yeah, that was what I thought I should do. And I did.' (Angela)

'That was March wasn't it, 23rd of March when he [Boris Johnson] decreed? I think at the time, I thought "fair enough." You know three weeks to flatten the curve, made sense. "You know, we've got an 'Ebola' [serious situation] out there, let's all stay at home and stop spreading it, fine." I went with it. So, yeah, to begin with, I was quite happy to go along with it. You know, daughter had come, brought all her equipment from work. She didn't have to go out, so we didn't.' (Jean)

Some feeling of the situation being 'strange' or unusual was also noted, however this was not accompanied by a view on lockdowns themselves:

'I'd say it was probably... My initial reaction was "Oh," (laughs) "really?... Oh OK." That was literally it. It wasn't "Oh I'm gonna die!," It wasn't "It's absolutely ridiculous!" it was, "Oh, right. OK, so I wonder what's going on here, then." You know?... I'd say that it was... almost a bit detached? Maybe that was shock, disbelief? It didn't compute (laughs)... I suppose the way that it was delivered, i.e. [by] Boris Johnson, well, he's like a clown, isn't he? It also lent a certain level of theatre to it, that was just odd. It was odd.' (K)

'I did find it weird if I went into town, I did take my mum into town once or twice because she wanted to do some things and I found it so weird how all the shops were closed and... I was just bewildered how people were just going "oh I can't see my grandchildren". Just go and see them! Have them round, what's wrong with you!' (Niki)

'You know, for a good week or two, I was in just a bit of a malaise really, just a kind of state of inertia, and was just a bit scattered. I don't really know what to think of it all. It was just, I guess, such a shock. And yet, it took at least a week or two for it to kind of settle. Yeah, it was just that...that state of having no idea what was ahead. You know, we were in completely unknown territory. And you just had no idea at that time what was going to happen in the next week or two... it was just a huge shock, really. And it took a short while to kind of collect myself, for sure.' (Craig)

Profound distress was experienced by a minority of participants with comment made on the experiences of fear and isolation caused by the imposition of measures. For instance Gaenor said: *'I was scared because, it was just so scary what was happening, and I couldn't believe what was happening. And there were nights I'd go to bed and just be crying because it was just really unsettling and scary.'* Gareth, her partner, had a similarly strong reaction: *'I went out on Easter Day, sat in the park, and it was a beautiful spring day, and it was empty. And there was nobody about. And I'm sitting there thinking: this is the most evil thing I've ever experienced in my life.'*

3.5.2 Impact on daily life

It was widely acknowledged that lockdowns would cause major disruptions to societies.^[64] This disruption was exacerbated by the case isolation requirements and vaccination-related policies put in place by various governments. We asked participants about their personal experiences of COVID measures to understand what role, if any, disruptions to personal life played in opposing lockdowns. Five of 11 participants did not view their day-to-day lives as overly disrupted, but this was not universal:

‘It didn’t make a huge difference to my life in as much as I wasn’t somebody that travelled and I wasn’t somebody that had to go anywhere, particularly for work or visiting people very often, so those things didn’t change very much for me. But it was just knowing that you have no choice about it that felt weird.’ (Angela)

‘I’m not personally at the moment bothered... I’m not affected enormously by various things. Because I’ve done my time. I’ve done my travelling, I’ve had my kids, you know, that sort of thing. I’m not aspiring to do great things. I’m quite content to stay at home, and have been since I retired.’ (Jean)

‘It hasn’t been a lot different from what I normally do. Because, you know, I really am like, a sort of highly qualified societal avoider for a lot of reasons. So, I don’t really have much to do with it. I don’t really interact with people.’ (Gareth)

‘To be honest, actually it didn’t really have a massive effect on my day-to-day life.’ (Niki)

Perhaps the most disrupted of the interviewees, K, talked about the impacts on education, stating that: *‘I was in the final year of a degree, we were sent home, and then it all went online, but that was the least of my worries. My daughter was in her final year of GCSEs, had her exams cancelled and her final year ended without warning. That was all very surreal.’*

It was interesting that many participants did not experience significant disruption to their personal lives due to policy itself: this suggested to us that, in the main, opposition to COVID policy was not rooted in any practical inconvenience of the measures.

A majority of participants (7 of 11) disclosed unexpected positive consequences of the general situation, like making new social contacts: *‘I’ve actually found more like-minded people in one place than I’ve ever known in my whole life.’* (K). One participant, Gaenor saw an opportunity to improve health: *‘I’ve become a lot more confident on my bike. And now instead of walking everywhere, I do use it as a mode of transport to get around locally.’*

Financial benefit was noted by A, who said: *‘We’ve got a holiday let property that was not able to be let out for ages, but the government threw money at us to compensate, I mean ludicrously generous amounts of money so we’re probably ahead of the game, which is just ridiculous.’*

These experiences suggest that opposition to COVID measures was not caused by their effect on participants' personal circumstances but rather by concerns about autonomy, freedom, values and ethics as previously highlighted.

3.5.3 Effect on relationships

As alluded to earlier, COVID measures have given rise to new ways of societal discrimination, the effect of which is obviously divisive at all levels. There are now: 'essential' and 'nonessential' workers; the vaccinated and the unvaccinated; 'covidiot' (non-compliers as labelled by the compliant), and 'sheeple' (the sceptics' label for the compliant). **Section 1** provides examples of how COVID measures influenced relationships between people and individuals' relationships with the state.

With the very real possibility of vaccination-based segregation coming to the UK at the time this research was conducted, it was unsurprising that most participants were able to relate their experience of changes in how they were treated to their vaccination 'status.'

Angela, who works in the care industry, recounted her experience when clients found out that she had not been vaccinated, saying: *'That has caused them to become hostile towards me... So now I find myself being accused by people of being completely selfish, or "not their kind of person", I've had said to me, or somebody that they just don't want to be anywhere near them.'* When talking about a hobby he was very involved in, A spoke of being excluded from his club: *'I am not allowed to play because they have a rule that you have to be double jabbed to walk through the doors.'*

Friendships also suffered:

'Refusing more or less since the beginning to go along with any of this stuff has obviously been very difficult at times. I've lost friends, I've lost some friends I've known for over 25 years. And that's been really hard.' (David)

'I literally have no contact with my old friends now because the gap's just too wide...I just don't want the conflict. Every single conversation is a potential for conflict, that I just don't want. So I would rather not contact them and not risk that conflict. So I just don't speak. I just don't contact them anymore.' (W)

'At the moment, I'm a little bit wary of contacting a lot of my previous friends, because I don't know where they stand.' (Jean)

'A long-term friend told me she couldn't be friends with me anymore because (I've known her since we were like teenagers) she couldn't be friends with me anymore because of my attitude... I'm absolutely sure that some friendships are irreparable now, yeah. And frankly, the attitude of people who are very much "you must do this" is like, I don't even think I want to have anything to do with you anymore because clearly you're not who I thought you were, so there's that as well.' (Niki)

Impacts on family life were on a spectrum, ranging from improvements in family relationships due to similar views held through to a deterioration in relationships owing to sharp differences:

‘It could have been horrendous if my close family all disagreed on it, but it’s been an experience which has brought us closer together and given rise to conversations that have, I suppose, been quite enriching, as we’ve discussed how we feel about things.’ (K)

‘Family wise, we’re not too sort of split really. My brother is completely onside and has been for donkey’s years. So I mean, I’m getting on better with him now than I was before. So, silver linings. But we’re not as badly divided as a lot of people are.’ (W)

‘I have said terrible things to my daughter. And fortunately she’s not flared up about it. But she’s remembered it.’ (Jean)

‘Relations are very good with all the immediate family but some of them probably think we have strayed into extreme territory in terms of our attitude to vaccinations in particular, but it’s not destroyed the relationship, at all, it’s not damaged the relationship.’ (A)

‘I think my daughter, I don’t know whether she wants to see me or not, but she doesn’t seem to at the moment. So it’s tricky, and I think it’s partly due to my views. My brother has switched off. He hasn’t been horrible to me, but he doesn’t make any effort towards me.’ (Angela)

In some cases, disagreements between those with opposing views were managed by simply avoiding the subject.

‘The others [i.e. A’s brothers], I don’t discuss the topic with, but I know their attitude, which will be strongly pro- the government line. I don’t discuss it, because I don’t want to destroy the relationship. They are far-flung either within the farther reaches of the UK or abroad.’ (A)

‘So within the house, we’ll talk about things with the daughter that is onside, but we just try and avoid the subject with the other one.’ (W)

‘My sister, slightly younger than me, she’s far more, I suppose “woke” for want of a better expression, and she’s said “oh, well, people are dying,” and how terrible it all is and is much more of a rule follower than myself or my parents, and there has been a little bit of friction. But it’s been at a minimum, because I don’t challenge it, as I don’t see the point. So yes, it could have been a huge issue, but I chose not to make it so, and therefore it isn’t.’ (K)

‘I’m aware that sometimes I will avoid talking about it because I don’t want confrontation, I don’t want bad feeling generated, so it’s often easier just to not mention it and not talk about it. And that’s clearly something that’s shared – as we were saying off mic before – by pretty much everyone, I would say.’ (David)

'There's only certain moments in which you can bring up difficult conversations. Otherwise, the topic gets changed very quickly. So, I just haven't had the chance to have a proper conversation about it.' (Craig)

Where the COVID situation could not be avoided in interactions, participants often spoke of being able to exchange views with others who disagreed with them without extreme, violent disagreement. David offered a striking reason for this: *'It's been possible to agree to disagree about this with family and good friends. I think part of the reason for that is because they all must have some doubts as well.'*

3.6 Changes observed

3.6.1 Changes observed in the self

We asked participants to reflect on how the situation affected their world view. Participants talked about substantial changes including a drive towards understanding more aspects of science and medicine:

'One thing Covid's done is made us all look into things we probably would never have looked into before, you know, maybe not you [Raminder] so much because you're already in the sciency world, but for a lot of us, it's like tackling subjects that are quite alien, really, I suppose.' (Niki)

'It's been quite an interesting exercise in realising how statistics and data can be manipulated, subtly, to show something entirely different to what it actually shows. And that's been quite a learning curve, too... [I] never felt I needed to be a statistician, but apparently I do.' (K)

'I will have various takeaways from the last 2 years, I say the last 2 years but I mean the last 2 and probably the next 2, and one of them is the extent of fraud and. . . we'll leave it at fraud within science and the other is the extent that the medical profession seems to have completely forgotten what they're there for.' (A)

'I've done more research, I'd say in the last year and a half, than I've done in the rest of my life, put together probably.' (Angela)

Two participants perceived the situation as giving them a greater sense of purpose, with Angela saying: *'The situation has made me feel more alive and more real in many ways, although I'd rather we didn't have it... I mean, people talk about being woken up, but I feel there's a certain sense of destiny, a certain sense of "I'm here for this time."'* Craig also referred to a reorientation of what mattered to him: *'I started being a lot more upfront with people around me, specifically my friends who kind of knew my position on, you know, lots of political fronts, but I'd always kind of beaten around the bush with them, just for the sake of kind of having fun. I knew things were a great deal more serious now. So, you know, fun wasn't a priority for me anymore.'*

Participants also described a change in their relationship with wider society, with many speaking of a reduced tolerance and respect for others:

'I've become intolerant. Very, very intolerant of idiots I suppose.' (Jean)

'I suppose I am less generous than I was, because I feel like I was one to give people the benefit of the doubt. But now my expectations are just so low (laughs)!' (W)

'I have lost respect for people who I respected previously. It's made me more avoidant. I will avoid interaction with anyone that I'm not comfortable with. (long pause) That's really what it's done. It's made me more avoidant.' (K)

'Before all this, you'd say, "well, this is nonsense, you know, people are never going to go along with this." And yet, here we are. Nothing can surprise me. Absolutely nothing can surprise me.' (E)

'It's definitely changed my opinion of people and I don't think that will ever go away, now. Some people, you'll just never... It's irreversible isn't it really... Maybe if all this dwindles away and is a distant memory, maybe, but I get the feeling that it has created a big wedge.' (Niki)

3.6.2 Changes in others

We asked participants to comment on whether they perceived any noticeable changes in the behaviour and attitudes of those who have complied dutifully with COVID policy. Participants expressed the view that the compliant, who constitute the majority of the population, have become more fearful and judgemental:

'It's interesting that people's perception of illness appears to have changed, they are less tolerant of any kind of cold or flu-like illness. For example, speaking to my sister, somebody at her work had got COVID and she said "it really quite surprised me because they were quite ill." And I was like, "yeah, but you know, two years ago, if that girl had said, oh I've had a really bad dose of flu," it wouldn't have had the sinister gravity to it, that you're now attaching to it.' (K)

'It almost feels like the likely default for people now is fearful or, you know, self-righteous over things that they've got completely wrong. It's just normal for me to see people that way now.' (Craig)

Others remarked on what they found strange about the public attitude to the COVID situation, which could be seen as a form of revelation among these participants:

‘You could see a lot of spitefulness, and a lot of... cos I know a lot of people say things differently when they’re typing it and it’s like, you see some nasty things on facebook, but the general sort of thing about “oh well if you won’t have your vaccine, or you won’t wear a mask, then you shouldn’t get treatment from the NHS,” it’s kind of very black and white, whereas I didn’t see that from... this side, the sceptic side, we just seem to have more like, concern for other people, like maybe you’re harming yourself by wearing a mask or you know, please go and see your family, don’t cut yourself off, whereas we seem more benign, they were more... cancerous almost (laughs), like raaar!’ (Niki)

‘I was surprised at the nastiness involved as well very early on. Because like we did some leafleting, didn’t we?... somebody found one of these leaflets and gave it to put it on the local Facebook group. I don’t know if I need to say too much about that. Maybe best if I don’t, but they put it on there. And the local paper got involved, and they were like “if anybody has any information as to who put these leaflets out, please let us know.” And all the comments on the group were like, “These people, they should be jailed for manslaughter.”’ (Gareth)

It is possible that these observations of a perceived increase in spiteful and judgemental attitudes of the compliant played a role in shaping the participants’ views of that group.

3.6.3 Views on the compliant

The attitudes of many compliers towards sceptics was clear (**Section 1**). Compliers are in the majority and their views have dominated the media, government and other platforms. Yet the attitude of sceptics towards compliers has not been well investigated. We thought that finding out more about these attitudes would enable an understanding of the emotional impact of the COVID environment, how it had changed the interviewees’ interactions with those they did not necessarily know and general attitudes towards compliers.

The only work we have come across that gives insight into how COVID policy sceptics view those not sceptical is a study by Bor,^[55] which found that the unvaccinated viewed the vaccinated with less antipathy than that displayed by the vaccinated towards the unvaccinated. While that study addresses a single aspect of policy deeply, it did not assess the *general* attitude towards those who comply with COVID policy e.g. by observing masking and social restrictions. Our study is one of very few, if not the first, to do so.

As with other phenomena discussed, feelings towards the compliant were complex and some ambivalence was noted. Often, the compliant were viewed with some contempt (7 of 11 participants) and participants expressed surprise and dismay at the perceived lack of questioning by the compliant. Participants also viewed others as being manipulated in some way:

'I don't blame them because I don't think they can help what's happened to them. I think they have been completely... to say they've been hypnotised or brainwashed sounds a bit daft but they have. This has seeped into their brains and somehow or other they've been led to believe, completely the opposite of what's really happening.' (Angela)

'I don't want to talk to anybody who believes any of this. They're impossible to talk to. They're too brainwashed, they're too clueless, they're too ill-informed, they're too emotionally manipulated. You know, I can't, I can't talk to people that believe this crap.' (Gareth)

'They're just repeating what they've seen [on TV] and they're not giving any thought to it, they're not applying any logical thinking. When you say to them "don't you think that this whole going into a restaurant and putting your mask on when you walk in but taking it off when you sit down when you go to the toilet." Think! Think! It's like, you just want to get people and shake them don't you!' (Niki)

Contempt for those who were supportive of mainstream COVID policy was also inferred from participants viewing the compliant as 'stupid,' or wondering what may be 'wrong' with them:

'Seeing people who are walking along with the masks right up to their eyeballs out in the street, on their own. I have to say that I did feel contempt... because "all these people are dragging us down the plughole with them."' (K)

'Every day, you know, like I say, "what is wrong with people?" At least 10 times a day.' (Gareth)

'I was just bewildered how people were just going "oh I can't see my grandchildren," just go and see them! Have them round, what's wrong with you!' (Niki)

'I think they're stupid.' (Jean)

Sometimes, these feelings were time-dependent and gave way to a more sympathetic view:

'I don't hate my fellow humans. I don't hate those that don't agree with me. I do see that maybe they would think in a certain way and if I think in a certain way... what position am I in to judge them? It's a very difficult thing to reconcile in my head.' (K)

'Look at it from their point of view, and they're saying well actually, it [compliance] is a community responsibility, "we have a war, the enemy, back to the second world war, the enemy is the Germans and anybody who is seen as on the side of the Germans or collaborating with the Germans is my enemy and needs to be punished."' (A)

'Broadly speaking, it is clearly the case that most people go along with all this for an easy life, for a quiet life, because it's much, much easier to do so than to refuse, or to speak out, or to question it. So, I don't view most people as enthusiastic collaborators.' (David)

'It's not just anger though. It's also just like sadness, intense sadness, that people have fallen for this crap. And they're strapping these friggin face masks on themselves. And it's even worse when you see some poor old lady struggling down the street, who's probably got emphysema who probably can't breathe very well anyway, and they're terrified.' (Gareth)

Some participants (4 of 11) sympathised with compliers' need for convenience, succumbing to fear and the desire to avoid conflict as reasons for compliance.

A common criticism levelled by participants at those who were compliant is their apparent failure to consult alternative sources of information, suggesting that the use of alternative sources of information was viewed as a positive trait by the participants. To this end, Jean commented that: *'They haven't taken the time to look beyond the television and the newspaper... They haven't thought for themselves. They've just been fed the information, and they believe it.'* Gareth took a similar view: *'If people just keep plugged into the matrix, they're just going to be constantly led down the garden path for the rest of their lives and they'll never even notice. You know, they won't even know. And the way things are now, the governments, the cabal, they can just tell people that black's white and white's black and they believe it.'*

Blind faith in authority figures was criticised by W, stating that the public: *'Have white coat syndrome, they think Chris Whitty and Vallance are absolutely wonderful and national treasures and don't see the fact that these people are making millions out of this as a problem. And if you question it, you get slammed in every way. And the media has made absolutely sure of that.'*

We suggest, therefore, that scepticism of authority figures is also important to participants alongside consulting alternative media sources.

Even though participants stated they were able to exchange views with family and others, there was a clear sense of pointlessness attached to trying to *change* the minds of those with differing views:

'There's absolutely no way you can get anybody to change their mind.' (Jean)

'They just don't even get it so there's not really much point even trying to explain it to them, because if they don't get it, it's within you, isn't it? There's just no point. So that's why I don't talk to them, because there's just no point (laughs)!' (W)

'I don't think we're going to change people's minds. I think, you know, you can try and try and try. We've been trying for the last 18-19 months, and you might as well...it is futile. You might as well just bang your head against the brick wall, really. It's just upsetting.' (Gaenor)

'They [the compliant] are unable to accept that the other side can possibly have any rationale to their beliefs, because "they're wrong". It's black and white [for them].' (A)

Even though participants expressed a mix of sympathy (4 of 11), contempt (7 of 11) and bemusement towards the compliant, and 5 of 11 participants expressed frustration at the futility of engaging with them, they expressed no desire to restrict their lives or to deprive them in any way. Insofar as participants expressed a desire for change in the compliant group, they wished that the compliant could appreciate the perspective of the interviewees.

3.7 Other observations

Here we look at how COVID affected participants' views on the state, what might have motivated the response to the COVID situation and what participants would have done differently to manage the pandemic.

3.7.1 On the state

We were interested in evaluating if the participants felt differently about their relationship with the state compared to a time before COVID. We found that there was a deep sense of alienation and a growing mistrust towards the state among participants as a result of its handling of COVID.

A sweeping condemnation of the parliamentary system in the UK was given by A, who reflected that: *'Parliamentary democracy doesn't work, the government by fiat, the government by statutory instrument, the lack of debate and the lack of opposition, all of those alongside the censorship of any alternative or opposing views just show to me that there isn't a parliamentary democracy at the moment. The party in power is doing what it wants by issuing pronouncements.'*

Gareth was similar in his condemnation of both the public and private sectors: *'The level of contempt I feel for public structures in Britain, all of them, the government, structures of government, local government, council, the NHS, the whole thing, shops, the corporate, the corporate shops, businesses, they're disgusting, absolutely disgusting. Disgusting and evil.'*

Unlike discussions on those who were compliant with COVID policy, there were no expressions of sympathy towards the government by any participant.

3.7.2 Why did this happen? Suggested motivations for the COVID response

There have been a variety of interpretations as to why the worldwide COVID response took the form that it did. Was it state overreach due to mass hysteria or symptomatic of something deeper?

Seven of 11 interviewees offered suggestions on what they believed motivated the COVID response and were unanimous in their belief that an attempt to increase government and/or corporate power was underpinning it:

'I think that there is an ideology of collectivism, of a "one size fits all" way of running a society that is held by certain people, and I think that COVID has been used as a vehicle to push their agendas.' (K)

'I think there's obviously some sort of global takeover bid by a mixture of people.' (W)

'I think greed and self-interest [motivate the response], and a number of people who have far too much money and power. It's very, very understandable that those people just want more and more of what they have. Because it's like a bottomless pit, isn't it?' (Angela)

'The first thing to say is that I don't know. I mean, there are powerful people in the world, extremely powerful people in the world, and they have interests. They have agendas. Most exercises of power are done to serve the interests and agendas of the powerful, and those interests and agendas are often about retaining and increasing their power and their wealth, so that is one thing I do know: that the interests of the wealthy and the powerful have an extremely profound and marked influence upon the culture and on what happens.' (David)

Of those seven, three made statements that suggested that the COVID situation had been pre-planned, or engineered as part of a wider global conspiracy:

'COVID is being used as a Swiss army knife for global social change as far as I'm concerned. That was always the plan. I was aware of event 201 just after it happened. I read the Rockefeller document the first time around, and I've watched lots of analysis of it in the past. So, I was kind of ready for this, you know, being a fan of Alex Jones talking about his FEMA camps and that kind of thing. I was kind of ready for this.' (Gareth)

'I was aware of the Rockefeller Institute document from 2011 or 2010. It spoke about getting governments to act in "lockstep." One of the scenarios they put forward was a pandemic, creating a pandemic situation whereby all governments of the world would surrender their sovereignty to these global organizations, like the WHO and similar sorts of organisations. So, I was kind of expecting something like that to happen at some point. I just thought we had a lot more time, you know. I didn't know that they wanted to achieve all of these things by 2030.' (Craig)

'The agenda is a depopulation agenda, nothing to do with a virus.' (Angela)

Regardless of what their beliefs about the origin of the disease and response were, the vast majority admitted some uncertainty in whether their interpretations were correct, i.e. accurately reflected reality.

3.7.3 What should have been done?

A common criticism of those opposed to mainstream COVID policy is that they do not offer alternative pandemic management strategies. This criticism is not valid since a viable alternative approach was put forward in August 2020. The proponents of that approach, spelt out in the Great Barrington declaration,^[65] were instead smeared and vilified by the mainstream media which has subsequently acknowledged the merits of that approach.

Numerous other medical groups, consisting of qualified experts, formed and advocated for policy changes on many aspects of pandemic management, early treatment with proven alternative medications being a key area deserving of special mention. These practitioners and scientists were smeared and censored rather than given a platform to debate their views in public.

Therefore, in asking questions about how the participants would have managed the situation we hoped to assess whether their opposition to mainstream COVID policy was influenced by a knowledge of alternative methods of pandemic management.

Participants made clear that they wanted to keep life as normal as possible for as many people as possible, but this did not mean an absence of intervention. We noted that shielding of the vulnerable as part of a focussed protection strategy using principles similar to or directly from the Great Barrington Declaration was commonly cited:^[65]

'A national lockdown of everything wasn't probably effective in stopping the virus spread among the vulnerable because you could have locked down care homes and had treatments in hospital and treated that sector, which is a small part of the economy as an entirely separate animal.' (A)

'I would have perhaps put measures in place so people could be supported if they did want to isolate and take measures for themselves. But, you know, it has to be in such a way that it doesn't dramatically impact everyone else. You know, if people want to do that for themselves, they should be supported, but they should also have to deal with the consequences for themselves.' (Craig)

'If I was told that there was a virus that was probably quite dangerous for the vulnerable, I would have suggested that those people who felt vulnerable, could stay at home, if that made a difference to them and that we could help them. We could bring food to them, we could support them in whatever way necessary. And then the rest of us could have just carried on.' (Angela)

‘If I was to have been in a position to influence how it was responded to, I think that I would have gone down the same route as the Great Barrington Declaration, the idea of really facilitating those who are vulnerable, to be able to shield and protect themselves.’
(K)

Along with keeping life as normal as possible, keeping an element of choice and rapid dissemination of information were also regarded as valuable in an alternative pandemic response, speaking to the participants’ drive toward seeking alternative information sources, and their desires not to infringe on others.

4 Findings and conclusions

Emerging from our study is a theory of what predisposes someone to be sceptical and non-compliant with mainstream COVID policy:

- *A desire not to infringe on others*
- *A belief in personal responsibility and autonomy*
- *An internal moral compass*
- *A belief that quality of life is more important than avoidance of death at all costs*
- *A refusal to accept government claims at face value and the importance of critical analysis in the assessment of media and government information.*

These qualities are arguably part of one’s civic duty in a democracy.

We found that most believed that COVID was a real illness with a defined risk profile, but believed that lockdowns were a state overreach. They opposed lockdowns because they applied a universal burden on all irrespective of disease risk and collateral damage and were an imposition on individual agency. Mainstream COVID policy was not believed to be compatible with a desirable quality of life by participants in our sample.

Most were not opposed to vaccination as a medical intervention per se, but did express serious doubts about the rapid development, deployment and side effect profiles of the current COVID vaccines. The stereotyping of vaccine scepticism as being based on abnormal theories such as vaccines being a ‘vector for 5G’ or ‘containing nanotechnology,’ was not reflected in participants’ responses.

We saw their opposition to coercive COVID measures through the lens of their values, finding that most emphasised personal responsibility in health and other affairs and to ‘do unto others as you would have them do unto you.’

Interestingly, none viewed death as something to be avoided at all costs. While some of our interviewees wanted to live longer, a better quality of life was clearly prioritised over length of life. Given the unanimity of this view, we thought it may be foundational to a narrative of scepticism.

Many participants were not personally affected by the lockdown measures, but some recounted ostracism from activities due to their choices around masking and vaccination. The main challenge for most was managing relationships with others who had a different view of the situation, e.g. friends and family. This was done through a mixture of arguments, avoiding the subject, or simply ‘agreeing to disagree.’ A theme amongst participants was that trying to change views through reasoned debate was futile.

As a result of the past two years, participants reported increased distrust and scepticism of the state, the medical profession, vaccination and their fellow citizens in general.

Despite the intellectual contempt some interviewees had for those who were compliant with the COVID narrative, they did not wish them harm or deprivation. Much of the vitriol directed at those sceptical of mainstream COVID policy was predicated on the claim that sceptics wished to harm others. We found no evidence for this in our study. Other studies have shown that this attitude of non-malevolence is not reciprocated by the compliant towards the non-compliant, whom the compliant view as deserving of unemployment, impoverishment, and censorship.

Finally, we return to the press coverage of those sceptical of vaccination, lockdowns and even COVID itself. Their portrayal as ‘selfish’ was not borne out by our engagement with the participants in this study. Many spoke of a concern for others and, above all, a desire to halt a problematic cultural trend towards isolation and coercion. The ‘*anti-vaxxer*’ label is also generally inappropriate, with many participants engaging with vaccination programs until COVID. The choice to decline the COVID vaccines was primarily a calculated risk-based decision with a moral element incorporated to reject coercion in principle.

This was a dark, polarising time in history and it is with some surprise that it fell to us, and others like us to do the work of the press, academia and the government by investigating the sentiments and motivations of a large group of people. These institutions appeared to prefer researching new ways of generating compliance and coercion, vilifying those who dissented from the dominant official COVID narrative and rationalising their dissent as pathology. While we regret the circumstances that gave rise to the need for our work, we invite others to build upon it and to read the interview transcripts in the hope of cultivating their own understanding of a vilified minority.

5 References

- (1) Fox, F. S. “Anti-vaxxers want to kill your babies, stage a coup and cause another lockdown” <https://www.mirror.co.uk/news/politics/anti-vaxxers-kill-your-babies-25025422> (accessed 2021 -09 -27).
- (2) O’Grady, S. This is what we do about anti-vaxxers: No job. No entry. No NHS access <https://www.independent.co.uk/voices/antivaxxers-vaccine-coronavirus-nhs-b1849437.html> (accessed 2021 -09 -27).
- (3) Kissler, S. M.; Fauver, J. R.; Mack, C.; Tai, C. G.; Breban, M. I.; Watkins, A. E.; Samant, R. M.; Anderson, D. J.; Metti, J.; Khullar, G.; Baits, R.; MacKay, M.; Salgado, D.; Baker, T.; Dudley, J. T.; Mason, C. E.; Ho, D. D.; Grubaugh, N. D.; Grad, Y. H. Viral Dynamics of SARS-CoV-2 Variants in Vaccinated and Unvaccinated Persons. *N. Engl. J. Med.* **2021**, *385* (26), 2489–2491. <https://doi.org/10.1056/NEJMc2102507>.
- (4) Cohen, N. It is only a matter of time before we turn on the unvaccinated <https://www.theguardian.com/commentisfree/2021/feb/27/it-is-only-a-matter-of-time-before-we-turn-on-the-unvaccinated> (accessed 2021 -09 -27).
- (5) Eugyppius. In Angry Rant, State Media Anchor Demands Austrian-Style Vaccine Mandates for Germany <https://www.eugyppius.com/p/in-angry-rant-state-media-anchor> (accessed 2022 -03 -09).
- (6) Kindred, A. Anti-vaxxer finance guru dies from Covid after being put on ventilator <https://www.mirror.co.uk/news/uk-news/anti-vaxxer-alan-steel-dies-25020797> (accessed 2021 -09 -21).
- (7) O’Leary, A. Anti-vax YouTube couple who said jab was “affront to human rights” die of Covid <https://www.mirror.co.uk/news/us-news/anti-vax-youtube-couple-who-25015300> (accessed 2021 -09 -21).
- (8) Brinkworth, A. Nurse condemns hundreds of anti-vaxx protesters in city centre as “shocking” <https://www.birminghammail.co.uk/news/midlands-news/nurse-condemns-hundreds-anti-vaxxer-21609085> (accessed 2021 -09 -21).
- (9) Airs, K. Melbourne nurse’s letter EXPLODING at anti-vaxxer protesters <https://www.dailymail.co.uk/news/article-10011799/Covid-Australia-Melbourne-nurses-letter-EXPLODING-anti-vaxxer-protesters-people-die-alone.html> (accessed 2021 -09 -21).
- (10) The UK ‘Vaccination’ Programme. Part 2: Virtue and Terror <https://architectsforsocialhousing.co.uk/2021/09/22/the-uk-vaccination-programme-part-2-virtue-and-terror/> (accessed 2021 -09 -27).
- (11) Moore, J. Opinion: Like Joe Biden, my patience is wearing thin with vaccine refusers <https://www.independent.co.uk/voices/joe-biden-mandatory-vaccination-b1917958.html> (accessed 2021 -11 -23).
- (12) Simon, R. With Vaccine Mandate Looming, Business Owners Face Wary Workers <https://www.wsj.com/articles/with-vaccine-mandate-looming-business-owners-face-wary-workers-11637404200> (accessed 2022 -01 -06).
- (13) Platt, P. Sajid Javid: unvaccinated care workers should “get out and get another job” <https://www.telegraph.co.uk/news/2021/10/02/sajid-javid-unvaccinated-care-workers-should-get-get-another/> (accessed 2021 -11 -23).
- (14) Harlan, C.; Noack, R.; Pitrelli, S. Vaccine mandates are spreading. Italy shows what to expect. <https://www.washingtonpost.com/world/2021/11/12/coronavirus-italy-vaccine-mandate/> (accessed 2021 -11 -23).
- (15) Keslassy, E. French President Sets Stricter Health Rules; Cannes Festival Unaffected by New Orders <https://variety.com/2021/global/news/emmanuel-macron-covid-health-pass-mandatory-1235017731/> (accessed 2021 -11 -23).
- (16) Even fully vaccinated, you’re anti-vax if you oppose mandates, Australian minister declares <https://www.rt.com/news/540997-australian-minister-anti-vax-attack/> (accessed 2021 -11 -23).
- (17) Gluboco. Covid Pass in Lithuania and Europe <http://txti.es/covid-pass> (accessed 2021 -11 -23).

- (18) Austrian Politicians Say Vaccines Are the Key to Ending the Pandemic. They're Also Ordering the Vaccinated Back Into Lockdown. <https://reason.com/2021/11/19/austrian-politicians-say-vaccines-are-the-key-to-ending-the-pandemic-theyre-also-ordering-the-vaccinated-back-into-lockdown/> (accessed 2021 -11 -23).
- (19) Otte, J. 'I don't like mandates': Germans and Austrians on new Covid measures <https://www.theguardian.com/world/2021/dec/04/germans-and-austrians-on-new-covid-measures-mandates-vaccination> (accessed 2021 -12 -04).
- (20) Reuters. Man killed family, then self, over faked vaccine pass -German prosecutor <https://www.reuters.com/world/europe/man-killed-family-then-self-over-faked-vaccine-pass-german-prosecutor-2021-12-07/> (accessed 2021 -12 -11).
- (21) Hyde, M. Let's not pretend the anti-mask babies would have lasted a minute in the blitz <https://www.theguardian.com/commentisfree/2021/nov/30/anti-mask-blitz-war-public-good> (accessed 2022 -01 -08).
- (22) Miguel, F. K.; Machado, G. M.; Pianowski, G.; Carvalho, L. de F. Compliance with Containment Measures to the COVID-19 Pandemic over Time: Do Antisocial Traits Matter? *Personal. Individ. Differ.* **2021**, *168*, 110346. <https://doi.org/10.1016/j.paid.2020.110346>.
- (23) Blais, J.; Chen, P. G.; Pruyssers, S. Who Complies and Who Defies? Personality and Public Health Compliance. *Front. Polit. Sci.* **2021**, *3*, 59. <https://doi.org/10.3389/fpos.2021.660911>.
- (24) de Francisco Carvalho, L.; Gonçalves, A. P.; Pianowski, G. Preliminary Findings on the Associations between Personality Traits and Engagement Behavior to the COVID-19 Containment Measures. *Psychol. Health Med.* **2021**, 1–8. <https://doi.org/10.1080/13548506.2021.1944652>.
- (25) Espinosa, P.; Clemente, M. Beyond the Pale: Dark Traits and Close Relations Influence Attitudes toward COVID-19 and the Rejection of Quarantine Rules. *Int. J. Environ. Res. Public Health* **2021**, *18* (9), 4838. <https://doi.org/10.3390/ijerph18094838>.
- (26) Frías-Armenta, M.; Corral-Frías, N. S.; Corral-Verdugo, V.; Lucas, M. Y. Psychological Predictors of Precautionary Behaviors in Response to COVID-19: A Structural Model. *Front. Psychol.* **2021**, *12*, 1221. <https://doi.org/10.3389/fpsyg.2021.559289>.
- (27) Lachowicz-Tabaczek, K.; Kozłowska, M. A. Being Others-Oriented during the Pandemic: Individual Differences in the Sense of Responsibility for Collective Health as a Robust Predictor of Compliance with the COVID-19 Containing Measures. *Personal. Individ. Differ.* **2021**, *183*, 111138. <https://doi.org/10.1016/j.paid.2021.111138>.
- (28) Li, H. Follow or Not Follow?: The Relationship between Psychological Entitlement and Compliance with Preventive Measures to the COVID-19. *Personal. Individ. Differ.* **2021**, *174*, 110678. <https://doi.org/10.1016/j.paid.2021.110678>.
- (29) Paiva, T. O.; Cruz-Martins, N.; Pasion, R.; Almeida, P. R.; Barbosa, F. Boldness Personality Traits Are Associated With Reduced Risk Perceptions and Adoption of Protective Behaviors During the First COVID-19 Outbreak. *Front. Psychol.* **2021**, *12*, 974. <https://doi.org/10.3389/fpsyg.2021.633555>.
- (30) Triberti, S.; Durosini, I.; Pravettoni, G. Social Distancing Is the Right Thing to Do: Dark Triad Behavioral Correlates in the COVID-19 Quarantine. *Personal. Individ. Differ.* **2021**, *170*, 110453. <https://doi.org/10.1016/j.paid.2020.110453>.
- (31) Lee, C.; Yang, T.; Inchoco, G.; Jones, G. M.; Satyanarayan, A. Viral Visualizations: How Coronavirus Skeptics Use Orthodox Data Practices to Promote Unorthodox Science Online. *Proc. 2021 CHI Conf. Hum. Factors Comput. Syst.* **2021**, 1–18. <https://doi.org/10.1145/3411764.3445211>.
- (32) Roma, P.; Monaro, M.; Muzi, L.; Colasanti, M.; Ricci, E.; Biondi, S.; Napoli, C.; Ferracuti, S.; Mazza, C. How to Improve Compliance with Protective Health Measures during the COVID-19 Outbreak: Testing a Moderated Mediation Model and Machine Learning Algorithms. *Int. J. Environ. Res. Public Health* **2020**, *17* (19), 7252. <https://doi.org/10.3390/ijerph17197252>.
- (33) Tunçgenç, B.; El Zein, M.; Sulik, J.; Newson, M.; Zhao, Y.; Dezechache, G.; Deroy, O. Social Influence Matters: We Follow Pandemic Guidelines Most When Our Close Circle Does. *Br. J. Psychol.* **2021**, *112* (3), 763–780. <https://doi.org/10.1111/bjop.12491>.

- (34) Sedgwick, D.; Hawdon, J.; Räsänen, P.; Koivula, A. The Role of Collaboration in Complying With COVID-19 Health Protective Behaviors: A Cross-National Study. *Adm. Soc.* **2021**, 00953997211012418. <https://doi.org/10.1177/00953997211012418>.
- (35) Nerlich, B.; Jaspal, R. Social Representations of ‘Social Distancing’ in Response to COVID-19 in the UK Media. *Curr. Sociol.* **2021**, 69 (4), 566–583. <https://doi.org/10.1177/0011392121990030>.
- (36) James, E. K.; Bokemper, S. E.; Gerber, A. S.; Omer, S. B.; Huber, G. A. Persuasive Messaging to Increase COVID-19 Vaccine Uptake Intentions. *Vaccine* **2021**, 39 (49), 7158–7165. <https://doi.org/10.1016/j.vaccine.2021.10.039>.
- (37) Howard, F.; Bennett, A.; Green, B.; Guerra, P.; Sousa, S.; Sofija, E. ‘It’s Turned Me from a Professional to a “Bedroom DJ” Once Again’: COVID-19 and New Forms of Inequality for Young Music-Makers. *YOUNG* **2021**, 29 (4), 417–432. <https://doi.org/10.1177/1103308821998542>.
- (38) Mietola, R.; Ahonen, K. Lockdown Fits and Misfits: Disabled Young People’s Lives Under COVID-19 Lockdown. *YOUNG* **2021**, 29 (4_suppl), S100–S117. <https://doi.org/10.1177/11033088211032019>.
- (39) Ezeh, P.-J. Anthropologists Answer Four Questions about the Pandemic. *Am. Anthropol.* **2021**, 123 (2), 402–403. <https://doi.org/10.1111/aman.13589>.
- (40) Roberts, L.; Mannay, D.; Rees, A.; Bayfield, H.; Corliss, C.; Diaz, C.; Vaughan, R. ‘It’s Been a Massive Struggle’: Exploring the Experiences of Young People Leaving Care During COVID-19. *YOUNG* **2021**, 29 (4_suppl), S81–S99. <https://doi.org/10.1177/11033088211025949>.
- (41) Release QualCoder 2.9 · ccbogel/QualCoder <https://github.com/ccbogel/QualCoder/releases/tag/2.9> (accessed 2022 -03 -10).
- (42) Willows, A.; Shoniwa, R. Inside the Minds of Resistance and Compliance - Left Lockdown Sceptics <https://leftlockdownsceptics.com/2021/12/inside-the-minds-of-resistance-and-compliance/> (accessed 2022 -02 -21).
- (43) Sitzung 63: Im Auge des Sturms https://odysee.com/@Corona-Ausschuss:3/sca63_converted_720p#0 (accessed 2022 -02 -20).
- (44) Gogarty, C. What is going through the heads of people who think Covid isn’t real <https://www.bristolpost.co.uk/news/bristol-news/covid-deniers-what-going-through-4519966> (accessed 2022 -02 -22).
- (45) Quinn, C. Covid denier dies after making video denying illness was “Con-vid” <https://www.msn.com/en-gb/news/world/covid-denier-dies-after-making-video-denying-illness-was-con-vid/ar-AAQmuI4> (accessed 2022 -02 -22).
- (46) Sweet, J. How to Talk to a COVID Denier <https://www.verywellmind.com/how-to-talk-to-a-covid-denier-5089630> (accessed 2022 -02 -22).
- (47) Tories ignore ‘Indian variant’ risk to ease Covid rules <https://socialistworker.co.uk/news/tories-ignore-indian-variant-risk-to-ease-covid-rules/> (accessed 2022 -02 -24).
- (48) Bennett, C. Refusal to wear a mask says more about you than your face ever could <https://www.theguardian.com/commentisfree/2021/dec/05/refusal-to-wear-a-mask-says-more-about-you-than-your-face-ever-could> (accessed 2022 -02 -25).
- (49) Aratani, L. How did face masks become a political issue in America? <https://www.theguardian.com/world/2020/jun/29/face-masks-us-politics-coronavirus> (accessed 2022 -02 -25).
- (50) Harris, J. To mask or not to mask? That shouldn’t be the question <https://www.theguardian.com/commentisfree/2021/jul/26/mask-question-covid-society-british-state> (accessed 2022 -02 -25).
- (51) Oltermann, P. Petrol station worker killed in Germany after face mask row <https://www.theguardian.com/world/2021/sep/21/petrol-station-worker-killed-in-germany-after-face-mask-row> (accessed 2022 -02 -25).
- (52) Newsroom. Enforcing Mask Mandate Leads to Physical Violence Against Library Worker <https://www.cjwwradio.com/2022/02/17/enforcing-mask-mandate-leads-to-physical-violence-against-library-worker/> (accessed 2022 -02 -25).

- (53) Top 10 Victims Of Violence Because They Weren't Wearing Masks <https://listverse.com/2020/09/02/top-10-victims-of-violence-because-they-werent-wearing-masks/> (accessed 2022 -02 -25).
- (54) Cobbe, E. French leader draws fire with vow to make life “miserable” for COVID vaccine refusers <https://www.cbsnews.com/news/macron-covid-vaccine-france-emmerder-life-miserable-for-unvaccinated/> (accessed 2022 -02 -26).
- (55) Bor, A.; Jørgensen, F. J.; Petersen, M. B. Prejudice Against the Vaccinated and the Unvaccinated During the COVID-19 Pandemic: A Global Conjoint Experiment. PsyArXiv February 18, 2022. <https://doi.org/10.31234/osf.io/t2g45>.
- (56) Murphy, J.; Vallières, F.; Bentall, R. P.; Shevlin, M.; McBride, O.; Hartman, T. K.; McKay, R.; Bennett, K.; Mason, L.; Gibson-Miller, J.; Levita, L.; Martinez, A. P.; Stocks, T. V. A.; Karatzias, T.; Hyland, P. Psychological Characteristics Associated with COVID-19 Vaccine Hesitancy and Resistance in Ireland and the United Kingdom. *Nat. Commun.* **2021**, *12*. <https://doi.org/10.1038/s41467-020-20226-9>.
- (57) Jørgensen, F. J.; Bor, A.; Petersen, M. B. Increased Pressure Leads to Decreased Trust Among the Unvaccinated: Effects of the Announcement of the Re-Introduction of Covid Passports in Denmark. PsyArXiv November 23, 2021. <https://doi.org/10.31234/osf.io/j49zg>.
- (58) Foy, S. Government struck £119m Covid advertising deal weeks before first lockdown <https://www.telegraph.co.uk/business/2020/10/25/government-struck-119m-covid-advertising-deal-weeks-first-lockdown/> (accessed 2022 -02 -27).
- (59) The millions spent on “disturbing” covid advertising <https://www.politics.co.uk/comment/2021/03/29/the-millions-spent-on-disturbing-covid-advertising/> (accessed 2022 -02 -27).
- (60) Covid: Government reveals hard-hitting stay at home advert <https://www.itv.com/news/2021-01-22/governments-new-covid-advert-can-you-look-them-in-the-eyes-and-tell-them-youre-helping-by-staying-at-home> (accessed 2022 -02 -27).
- (61) Broadcast standards during the coronavirus pandemic <https://www.ofcom.org.uk/tv-radio-and-on-demand/information-for-industry/guidance/broadcast-standards-and-coronavirus> (accessed 2022 -02 -27).
- (62) Options for increasing adherence to social distancing measures, 22 March 2020 <https://www.gov.uk/government/publications/options-for-increasing-adherence-to-social-distancing-measures-22-march-2020> (accessed 2022 -02 -19).
- (63) Dodsworth, L. *A State of Fear: How the UK Government Weaponised Fear during the Covid-19 Pandemic*; Pinter & Martin, 2021.
- (64) Green, T. *The Covid Consensus: The New Politics of Global Inequality*; C. Hurst & Co Publishers: London, 2021.
- (65) Great Barrington Declaration and Petition <https://gbdeclaration.org/> (accessed 2022 -03 -08).