

Colloquium

L'Unione europea tra pandemia, nuove crisi e prospettive future

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Political Polarization and the Coronavirus Pandemic in the United States

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ABSTRACT

This chapter examines the effects of political orientation, right-wing media usage, and direct experience with the Covid-19 virus on people's perceptions of the virus's seriousness and their assessments of President Donald Trump's handling of the crisis. Using survey data from the Pew Research Center's American Trends Panel, I show that strong partisanship (being a liberal Democrat or, especially, a conservative Republican) polarizes public opinion concerning the seriousness of Covid-19 and Trump's job performance. Increased reliance has a similar effect, but direct experience with the virus itself has little impact on these attitudes. My analyses illuminate the fact that people in the United States today exist in two separate political echo chambers, and that these divisions are having life-and-death ramifications.

1. INTRODUCTION

For three decades, adherents of the two major political parties in the United States have grown ever more suspicious of and hostile toward each other. Intractable partisan impasses at the elite level have made the country less and less governable (e.g., Mann, Ornstein 2016; McCarty *et al.* 2016; Fiorina 2017). Meanwhile, affective polarization rules the day at the mass level. There is “an ‘us versus them’ mindset and political identity in American sociopolitical life [...] evident in everything from the rise of highly partisan media to the decline in Americans’ willingness to marry someone from the opposing political party” (McCoy, Press 2022). Americans are now more likely to dislike and distrust the opposite party and its candidates than they are to like and trust their own (Mason 2018; Abramowitz, McCoy 2019; Iyengar *et al.* 2019). This chasm goes beyond mutual fear and loathing; the Pew Research Center (2019) reports that just 26 percent of people in the U.S. agree that Democrats and Republicans “can agree on basic facts”. While pernicious polarization is also a major concern in many other countries, it is an especially serious problem in the U.S. (Foa, Mounk 2016; McCoy,

Somer 2019). It is no exaggeration to say that these divisions pose the biggest existential threat the U.S. has faced since its Civil War (e.g., Levitsky, Ziblatt 2018; Mettler, Lieberman 2020).

These toxic circumstances made the coronavirus pandemic even worse than it had to be in the U.S. SARS-CoV-2, or Covid-19, first emerged in late 2019 and spread quickly around the globe. The U.S. government declared Covid-19 a national emergency on March 13, 2020, less than two months after the first case of the virus was reported within its borders and two days after the World Health Organization designated Covid-19 a pandemic (CDC 2021). By April 10, the U.S. led the world in number of reported deaths due to Covid-19, and by May 28, 100,000 Americans had died of the virus (CDC 2021). So many people were testing positive that hospitals across the country became overwhelmed. This crisis was exacerbated by a lack of adherence to government-sanctioned mitigation measures by a vocal minority of Americans. Demonstrations spread across the country to protest lockdowns, social distancing, and facemasks, and President Donald Trump openly encouraged protesters even when they were armed (Evans, Hargittai 2020; Gearan, Wagner 2020). By September 2020, only half of the U.S. public reported regular mask usage (IHME 2021). This lack of compliance resulted in many thousands of needless deaths; one epidemiological study estimated that universal facemask use between September 2020 and February 2021 could have saved roughly 25,000 U.S. lives per month (IHME 2021). The refusal of more than one in five¹ Americans to receive even one dose of the Covid-19 vaccine has had a similar effect (Wood, Brumfiel 2021).

It is astonishing that hundreds of thousands of people in the world's wealthiest country have died because of a refusal to follow basic scientific guidelines. Neither the U.S.'s wealth, nor its high level of education, nor its advanced healthcare system could protect the country from the politics of unreason. Polarization runs so deep in the U.S. that people were willing to risk their own lives and those of others to avoid betraying their side in the political divide. And elites from the White House to state capitals to the media encouraged this shortsightedness for their own benefit. Might it have been the case that political orientations even superseded traumatic personal experiences with the Covid-19 virus in shaping people's responses to it? This chapter is designed to assess the relative significance of political orientations and direct

¹ This figure is based on data from the U.S. Centers for Disease Control which were updated on 3 August 2022. See CDC 2022a.

experience with Covid-19 on people's perceptions of the virus's seriousness and President Donald Trump's handling of the crisis. In doing so, I highlight the overwhelming impact that living inside political echo chambers is having in the United States today.

2. BACKGROUND AND HYPOTHESES

Partisanship has become the most consequential political identity in the U.S. today because it subsumes many other salient identities including race, religion, socioeconomic status, and place of residence (Mason 2018; McCoy, Press 2022). Even though ordinary people in the U.S. often incline toward moderate views, weaponization of deep social and cultural divisions by political and media elites has bifurcated the public (Fiorina 2017).

Donald Trump ascended to the presidency in 2016 by capitalizing on grievances rooted in these divisions. Since that time, his political brand has replaced traditional understandings of what it means to be a Republican. The Republican Party is no longer a center-right party; instead, it is a fortress of Trumpism (Jacobson 2021). Trump's strongest supporters are members of historically dominant groups who now feel disempowered, especially white Christian men in rural locations with blue-collar jobs (Mutz 2018; Abramowitz, McCoy 2019; Baker *et al.* 2020). Reflecting the international rise in attraction to authoritarianism (Norris, Inglehart 2018), Trump's supporters ardently embrace his self-presentation as "the figure of the strong male leader who is able to protect America against both... internal and external threats" (Agius *et al.* 2020: 440). Thus, when the pandemic hit, Trump was well positioned to lead public opinion about the virus, its dangers, and how the country ought to respond to it.

2.1. *Partisan-motivated reasoning*

Most people prefer having their existing perspectives and biases affirmed to avoid the distress of cognitive dissonance (Kunda 1990). As a result, they engage in "motivated reasoning", a process that involves rejecting political information that does not square with one's own point of view (Redlawsk 2002). Partisan-motivated reasoning affects how individuals interpret events, evaluate political leaders, and develop

attitudes about issues (Druckman *et al.* 2013; Mullinix 2016). Moreover, when political parties stake out clearly divergent positions, it becomes easier – and more common – for individuals to engage in motivated reasoning (Slothuus, de Vries 2010; Druckman *et al.* 2013; Leeper, Slothuus 2014; Mullinix 2016). Living in a country with an entrenched two-party system makes things even simpler for the average person, because all one must do is choose between option A and option B. Partisan-motivated reasoning has become endemic in the U.S.; half of all partisans (53% of Republicans and 45% of Democrats) in one recent survey said the opposing party had “almost no good ideas” (Pew Research Center 2019).

Not only are strong partisans especially likely to use motivated reasoning to reinforce their perspectives, but they are also more likely to be inflexible in their thinking (Zmigrod *et al.* 2020). Meanwhile, we live in an era when information is available from a nearly infinite set of sources, from traditional news media to partisan-oriented outlets to the new frontiers of social media. This information environment makes it easy for people to screen out anything that does not match their political leanings (e.g., Iyengar, Hahn 2009), enhancing the likelihood that partisan-motivated reasoning will shape public opinion. In turn, both political elites and partisan media fuel mass-level polarization by encouraging divergent understandings of the world via “alternative facts” (Jerit, Barabas 2012; Fiorina 2017; Flynn *et al.* 2017), a term that came into use during the early days of Trump’s presidency.

2.2. *Thinking about Covid-19*

Partisan-motivated reasoning has shaped how people in the U.S. have understood and reacted to the coronavirus pandemic (Uscinski *et al.* 2020; Druckman *et al.* 2021). Recent studies document how from the earliest days of the crisis, partisanship and ideology directly predicted concern about Covid-19 and compliance with government-recommended behaviors (Allcott *et al.* 2020; Graham *et al.* 2020; Shepherd *et al.* 2020; Gadarian *et al.* 2021; Kerr *et al.* 2021; Pennycook *et al.* 2022). Over the course of 2020, Republicans also became increasingly unlikely to say they intended to get a Covid-19 vaccine when it became available, but Democrats’ vaccine intentions did not change (Fridman *et al.* 2021). Ultimately, party identification emerged as the strongest predictor of vaccination status; as of October 2021, 60 percent of self-identified Republicans were unvaccinated compared to just 17 percent

of Democrats (Kirzinger *et al.* 2021). Moreover, strong support for Trump – above and beyond partisanship – enhanced skepticism, complacency, and conspiratorial thinking regarding Covid-19 (Shepherd *et al.* 2020; Uscinski *et al.* 2020; Kaushal *et al.* 2022).

The fact that science is a central battleground in the U.S.’s culture war made this politicization of the pandemic nearly inevitable. In general, political conservatives and Republicans are much more skeptical about science and scientists than are liberals and Democrats (Gauchat 2012; Mooney 2012; Evans, Hargittai 2020). Democrats also have expressed greater trust in science and health experts in the specific context of the pandemic (de Bruin *et al.* 2020; Evans, Hargittai 2020; Albrecht 2022). Republican skepticism has driven the backlash against Dr. Anthony Fauci, the U.S.’s foremost expert on infectious diseases and a key member of the national Coronavirus Task Force (Evans, Hargittai 2020). Fauci has been made “a bogeyman for conservatives, who have questioned his handling of the Covid-19 pandemic and accused him of quietly undermining then President Donald Trump” (Korecki, Oweremohle 2021).

Any U.S. president can shape public opinion to some degree, but Donald Trump’s influence on his supporters’ attitudes about Covid-19 was especially potent (Graham *et al.* 2020; Shepherd *et al.* 2020; Kaushal *et al.* 2022). He consistently dismissed the seriousness and urgency of the coronavirus pandemic (Allcott *et al.* 2020; Graham *et al.* 2020; Rutledge 2020; Kellner 2021). He refused to wear a facemask, asserted that the virus was akin to the common cold, and regularly repudiated scientific information about the pandemic. Even when he was hospitalized with his own life-threatening case of Covid-19 in October 2020, he issued tweets downplaying the seriousness of the virus.

After the first few months of the pandemic, simply living in “Trump country” posed increased danger from the coronavirus (Albrecht 2022). Following the White House’s lead, Republican elected officials at the state and local levels were slower to implement aggressive mitigation measures (Rosenfeld 2020). Complacency among elites naturally affected public opinion as well. People in geographic areas where Trump carried large shares of the 2016 presidential vote were comparatively unlikely to comply with social distancing and shutdown orders (Allcott *et al.* 2020; Camobreco, He 2022). Residents of the same areas eventually were much less likely to be vaccinated (Wood, Brumfiel 2022). As a result, the odds of contracting or dying from the virus were greatest in areas where Trump’s 2016 vote share was largest (Rosenfeld 2020; Albrecht 2022; Wood, Brumfiel 2022). Trump won

at least 60 percent of the 2016 vote in all six of the states (West Virginia, Wyoming, Tennessee, Kentucky, Oklahoma, and Arkansas) that rank highest in number of preventable deaths per million adults (Brown School of Public Health 2022). As Albrecht contends, these location-based “variations in disease spread must be attributed to behavioral differences” (2022: 95) that follow naturally from partisanship.

Considering this growing body of evidence documenting polarization in mass-level attitudes and behaviors concerning Covid-19, it is straightforward to assume H1a: Conservative Republicans will be more likely (and liberal Democrats less likely) to doubt the coronavirus’s seriousness and approve of Donald Trump’s handling of the pandemic.

Trump’s facility in shaping the narrative about Covid-19 for his supporters owes in large part to his omnipresence across media platforms. He used social media as a megaphone for his views on the pandemic (Shepherd *et al.* 2020; Pennycook *et al.* 2022), and right-wing news outlets such as Fox News and Rush Limbaugh’s radio program amplified Trump’s messages and repeated conspiracy theories and other misinformation about Covid-19 (Bursztyn *et al.* 2020; Graham *et al.* 2020; Motta *et al.* 2020; Rutledge 2020; Simonov *et al.* 2022). This constant reinforcement presumably made it easier for Trump’s supporters to discount information using partisan-motivated reasoning (Shepherd *et al.* 2020). In fact, recent studies have found that people who trust conservative news outlets, especially Fox News, were more likely to believe misinformation about Covid-19 (Motta *et al.* 2020), felt relatively unthreatened by the virus (Calvillo *et al.* 2020; de Bruin *et al.* 2020; Pennycook *et al.* 2022), adhere less to virus mitigation measures (de Bruin *et al.* 2020; Shepherd *et al.* 2020; Romer, Jamieson 2021; Pennycook *et al.* 2022; Simonov *et al.* 2022) – and experience more negative virus-related health outcomes (Bursztyn *et al.* 2020).

This pattern of findings echoes the conclusions of studies focusing on *partisanship’s* influence on Covid-19 reactions. It is plausible that media consumption’s effects are simply an artifact of the predictive power of partisanship. After all, long-term consumption of Fox News increases republican partisanship (Martin, Yurukoglu 2017). However, Kerr and colleagues (2021; see also Jacquet *et al.* 2014) find support for their assertion that Covid-19 attitudes were shaped both from the bottom up (i.e., by personal political orientations) and the top down (i.e., via media cues). I agree that strong partisanship and media usage played separate and equally significant roles in shaping views about the pandemic. Therefore, H1b: Right-wing media consumption increases

doubt in the coronavirus's seriousness and approval of Donald Trump's handling of the pandemic.

Surely partisan-motivated reasoning was not the only important factor shaping the way Americans reacted to the coronavirus pandemic. Direct experience with Covid-19, whether personally or via the hospitalization or death of a loved one, must also have played some role. Previous research establishes that when an issue has great personal relevance, individuals sometimes ignore partisan cues and work harder to obtain fact-based information about it (Kim 2009; Mullinix 2016). There is also some evidence that individuals who lost a close friend or family member to Covid-19 were less likely to vote for Trump in the 2020 presidential election (Shino, Smith 2021). In short, partisanship clearly drives political attitude formation, but its strength might depend on how salient the issue or circumstance at stake is to the individual. Thus, H2: Having direct experience with Covid-19 decreases doubt in the coronavirus's seriousness and approval of Donald Trump's handling of the pandemic.

3. DATA AND METHOD

To test these hypotheses, I analyze U.S. public opinion data from Wave 79 of the Pew Research Center's American Trends Panel survey, which has a sample size of 12,648. This survey was fielded during the second half of November 2020 – the eighth month of the pandemic and immediately after the U.S. presidential election – so the data are ideal for my purposes. I model two dependent variables:

- a. Agreement with the statement “The coronavirus outbreak has been made a bigger deal than it really is”.
- b. Rating (on a four-point scale) of how well “Donald Trump is doing responding to the coronavirus outbreak”².

Independent variables and controls³ include:

- Politics (H1): (a) strong partisanship (measured using indicator variables for conservative Republicans and liberal Democrats in com-

² The first dependent variable is a dichotomy that compares agreement with the statement with two responses that indicate disagreement (“The coronavirus outbreak has been made a *smaller* deal than it really is” or “The coronavirus outbreak has been approached about right”). The second dependent variable is a four-point ordinal scale where 4 = “very well”.

³ See Appendix for descriptive statistics and coding for all variables.

- parison with moderates) and (b) right-wing news exposure (stating that “Fox News or talk radio is a major source of my election news”).
- Direct Covid experience (H2): “I know someone who has been hospitalized or died of Covid-19”. Presumably “someone” would include oneself in the case of hospitalization.
 - Controls: gender (female), race/ethnicity (white, non-Hispanic), age (in categories), educational attainment (completed a college degree), income (in categories), religious disaffiliation (compared with affiliation with any organized religion), and region (South).

I employ logistic regression strategies to estimate the effects of the independent variables and controls on each dependent variable. When I analyze denial of the pandemic’s seriousness, I use binary logistic regression because the dependent variable is a dichotomy (i.e., saying “the coronavirus outbreak has been made a bigger deal than it really is” versus not). My analyses of Trump’s response to the pandemic rely on ordered logistic regression because the dependent variable has four values.

Tables 1 and 2 report odds ratios for independent variables and controls that are significant at the $p < .05$ level. Odds ratios greater than 1 indicate that a one-unit increase in that predictor variable *increases* the value of the dependent variable; odds ratios less than 1 mean that a one-unit increase in the predictor variable *decreases* the value of the dependent variable. We can also interpret odds ratios as percentages to make the results easier to understand: $(\text{odds ratio} - 1) \times 100 =$ the percentage by which a one-unit increase in the predictor variable increases or decreases the value of the dependent variable (holding everything else equal).

4. RESULTS

Table 1 presents four models of saying “The coronavirus outbreak has been made a bigger deal than it really is”. As reported in the Appendix, 28.4 percent of Pew’s sample gave this response. The first three models test the hypotheses posited above one at a time, while the fourth one includes all the independent variables together.

First, I test the hypotheses about the effects of political indicators on doubting the pandemic’s severity. There is, as expected, strong support for H1a that political orientation predicts skepticism. Being a conservative Republican (as opposed to a political moderate) increases the

odds of doubting the pandemic's severity by 422 percent ($[5.22 - 1] \times 100 = 422$), while being a liberal Democrat rather than a moderate decreases the odds by 81 percent. Likewise, being a frequent consumer of right-wing media increases the odds of Covid-19 skepticism by 180 percent. Model statistics indicate that political orientation does a substantially better job of explaining doubt in the pandemic's severity. It is also noteworthy that controls for race, education, and age are significant in both models despite the predictive power of both independent variables. Being white increases doubt in the pandemic's severity, while having a college degree and being older both decrease it.

The next column in *Table 1* tests H2 that having direct experience with Covid-19 might decrease skepticism in the severity of the pandemic. The results indicate support, albeit modest, for this hypothesis. Knowing someone who has been hospitalized or died due to Covid-19 decreases the odds of doubting the virus's seriousness by 21 percent. This finding is hardly inconsequential, but four of the controls have larger effects: being female, having a college degree, religious disaffiliation (all of which decrease skepticism), and being white (which increases it). Model statistics also show that compared to the two politics models, the personal experience model is relatively weak.

In the final column of *Table 1*, we see that the explanatory power of personal experience vanishes in the presence of the political variables, which places an important caveat on acceptance of H2. By far the strongest predictor of Covid-19 skepticism is being a conservative Republican (324 percent increase in odds); liberal Democrats are 82 percent less likely to share that skepticism. Despite the substantial influence of political orientation, reliance on right-wing media retains its significance in the full model, increasing the odds of doubting by 96 percent. Thus, we may conclude that strong partisanship and right-wing news exposure each have their own direct effect on skepticism about the pandemic's severity, confirming both components of H1 and supporting my logic in testing for independent effects. In the final model, being white is no longer significant; the joint presence of strong partisanship and right-wing news consumption subsumes its effect. However, education and age persist in decreasing skepticism. These two findings make sense considering both previous studies and actual risk of Covid-19 morbidity and mortality. Education increases general trust in science (Drummond, Fischhoff 2017), and "cognitive sophistication" predicts rejection of misinformation about Covid-19 (Pennycook *et al.* 2022). Meanwhile, the risk of hospitalization and (especially) death due to the virus in the U.S. increases with age (CDC 2022b).

Table 1. – “The coronavirus outbreak has been made a bigger deal than it really is”.

	H1a: POLITICAL ORIENTATION	H1b: RIGHT-WING NEWS	H2: COVID-19 EXPERIENCE	FULL MODEL
H1: Politics				
a. Orientation: party × ideology (comparison: moderates)				
• Conservative Republican	5.22***	----	----	4.24***
• Liberal Democrat	.19***	----	----	.18***
b. “Fox News or talk radio is a major source of my election news”	----	2.80***	----	1.96***
H2: Direct experience with Covid-19				
“I know someone who has been hospitalized or died of Covid-19”	----	----	.79*	ns
Controls				
Female	ns	.74***	.73**	ns
White, non-Hispanic	1.36**	2.19***	1.86***	ns
Age	.69***	.75***	.80***	.66***
College graduate	.69***	.62***	.52***	.67***
Income	ns	ns	ns	ns
Religiously unaffiliated	ns	.55***	.44***	ns
South	ns	ns	ns	ns
(Constant)	ns	.69*	ns	ns
<i>N</i>	11,526	11,735	6,875	6,649
<i>Log pseudolikelihood</i>	-5724.46	-6843.83	-4483.56	-3495.98
<i>Wald Chi²</i>	721.92***	348.32***	142.55***	485.34***
<i>Pseudo R²</i>	.20	.08	.05	.21

Note: Binary logistic regression analyses, reporting odds ratios. *** $p < .001$; ** $p < .01$; * $p < .05$.

Source: Pew Research Center American Trends Panel, Wave 79, November 2020 (weighted data).

Table 2. – How well Donald Trump is “responding to the coronavirus outbreak”.

	H1a: POLITICAL ORIENTATION	H1b: RIGHT-WING NEWS	H2: COVID-19 EXPERIENCE	FULL MODEL
H1: Politics				
a. Party × ideology (comparison: moderates)				
• Conservative Republican	8.98***	----	----	6.87***
• Liberal Democrat	.11***	----	----	.09***
b. “Fox News or talk radio is a major source of my election news”	----	4.16***	----	2.97***
H2: Direct experience with Covid-19				
“I know someone who has been hospitalized or died of Covid-19”	----	----	ns	ns
Controls				
Female	1.25**	ns	.84*	ns
White, non-Hispanic	1.62***	3.06***	2.55***	1.82***
Age	ns	.93*	ns	ns
College graduate	.57***	.53***	.47***	.66***
Income	ns	ns	ns	ns
Religiously unaffiliated	.79**	.44***	.39***	ns
South	1.21**	1.23**	1.26**	ns
/Cut 1	-.02	.40	.05	.33
/Cut 2	1.03	1.22	.85	1.51
/Cut 3	2.65	2.59	2.08	3.18
<i>N</i>	11,530	11,744	6,867	6,650
<i>Log pseudolikelihood</i>	-10,917.65	-13,138.49	-8582.71	-6471.94
<i>Wald Chi²</i>	1456.76***	797.93***	327.29***	921.40***
<i>Pseudo R²</i>	.22	.10	.05	.24

Note: Ordered logistic regression analyses, reporting odds ratios. *** $p < .001$; ** $p < .01$; * $p < .05$.

Source: Pew Research Center American Trends Panel, Wave 79, November 2020 (weighted data).

We now turn to the matter of how Donald Trump was perceived to be doing “responding to the coronavirus outbreak”. *Table 2* presents the results of these models, again considering each hypothesis in turn before examining the full model. The evidence in support of H1a is, not surprisingly, overwhelming. All else equal, being a conservative Republican (as opposed to a moderate) increases the odds of a one-unit increase in approval of Trump’s handling of the pandemic by 798 percent, while being a liberal Democrat rather than a moderate decreases the odds by 89 percent. Separately, right-wing news consumption also increases the odds of approving of Trump’s performance by 316 percent. As in *Table 1*, model statistics indicate that the political orientation model does a better job of explaining variation in the dependent variable than does the news consumption model. Four controls are significant across these two models as well. Being white and living in the South both increase approval of Trump’s handling of the pandemic, while education and religious disaffiliation decrease it.

While both components of H1 clearly should be accepted, *Table 2* offers no support for H2. Knowing someone who has been hospitalized or died of Covid-19 does not significantly change the odds of approval or disapproval of Trump’s handling of the pandemic. Instead, being white and living in the South increase the odds, while being female, a college graduate, and religiously unaffiliated decrease it. On its face, this finding is surprising. However, it is consistent with the results of another study which reports that Covid-19 experience moderates – but does not directly predict – concern about the pandemic (Conway *et al.* 2021). This finding also reflects several basic realities. First, infectious diseases do not discriminate along partisan lines; Trump supporters and opponents alike suffered trauma and loss at the hands of Covid-19. Second, not everyone who had direct experience with the virus will have placed the blame at Trump’s feet. Third, asking people whether they approve of Trump’s handling of the crisis obviously is not the same as asking whether it was overblown. If an individual or their loved one became critically ill with Covid-19, they *should* naturally be more likely to affirm the pandemic’s seriousness.

The final column of *Table 2* reveals a set of findings that are quite like those in the full model of Covid-19 skepticism. Here we see that the odds of a one-unit increase in approval of Trump’s handling of the pandemic are 587 percent greater among conservative Republicans and 91 percent lower among liberal Democrats (both in comparison with political moderates). As in *Table 1*, right-wing media consumption retains its significance alongside political orientation; it increases

the odds of greater Trump approval by 197 percent. Only two controls remain significant in the final model. Unlike in *Table 1*, being white is significant, increasing the odds of approval by 82 percent. Consistent with *Table 1*, having a college degree predicts less approval.

5. DISCUSSION AND CONCLUSION

The preceding analyses illustrate the comparative effects of strong partisanship, right-wing media usage, and personal experience with the coronavirus on perceiving that the pandemic was overblown and approval of Donald Trump's handling of the situation. Being a conservative Republican (versus a political moderate) was by far the strongest predictor of both dependent variables, followed by being a liberal Democrat (rather than a moderate). H1a, which posits that political orientation predicts these attitudes about Covid-19, is clearly confirmed. It is noteworthy, however, that the effects of being a conservative Republican on pandemic-related attitudes are stronger than they are for being a liberal Democrat. Strong partisanship pushes public opinion in both directions, but it pushes *harder* on conservative Republicans in the context of Covid-19. This asymmetry reflects other studies reporting that conservatives engage in much more partisan-motivated reasoning than liberals do when the matter at hand has to do with science (Mooney 2012; Jost 2017; see also Kerr *et al.* 2021). The same appears to be true about believing conspiracy theories (van der Linden *et al.* 2021). During the coronavirus pandemic, people were asked to trust the advice of scientists, and many of those who did not – most of whom were Republicans in the U.S. (Uscinski *et al.* 2020; Romer, Jamieson 2021; Stecula, Pickup 2021) – turned to conspiratorial thinking instead.

I also find ample evidence in support of H1b that reliance on right-wing media makes people more likely to doubt the severity of Covid-19 and to approve of Donald Trump's handling of the pandemic. The strong effects of political orientation do not overwhelm those of right-wing media usage. These results suggest that pandemic-related mass attitudes were shaped both by the personal, “bottom-up” effects of strong partisan identity and by the “top-down” effects of media cues (see also Kerr *et al.* 2021). It is beyond the scope of this chapter to consider the interactive or cumulative effects of these two dimensions of political orientation. At a minimum, though, my findings strongly suggest that selective media exposure does not just bolster partisan-

motivated reasoning; instead, media cues affect attitudes via their own independent mechanism.

There is little evidence that direct experience with Covid-19 affected perceptions of the pandemic's seriousness or Trump's handling of it. These attitudes are almost completely unmoved by knowing someone who was hospitalized with or died from the virus. Direct exposure does reduce the odds of saying the pandemic was overblown, but only in the model without the political predictor variables. That said, there is one control variable – age – that suggests the relevance of one's personal circumstances to their views on Covid-19. Older people are, of course, at much higher risk of serious illness and death from the virus (CDC 2022b). Increased age decreases the likelihood of downplaying the pandemic's seriousness across all four models in *Table 1* has a modest effect in the second model of Trump approval. We might read the results concerning race and ethnicity similarly. Members of racial and ethnic minority groups in the U.S., especially Black, Latinx, and Native Americans (Raifman, Raifman 2020; Rodriguez-Diaz *et al.* 2020), are at increased risk of Covid-19 infection and death. Thus, if being white predicts skepticism about the pandemic's seriousness and boosts approval of Trump's handling of it, the reverse is also true: being non-white is associated with lower levels of both Covid-19 skepticism and Trump approval.

The role of partisan-motivated reasoning in shaping reactions to the coronavirus pandemic in the U.S. is both striking and worrying. Not all conservative Republicans underplayed or denied the seriousness of Covid-19, but many did⁴. Encouraged by the right-wing echo chamber, people who rejected virus-mitigation measures contributed to the deaths of hundreds of thousands of their fellow citizens. Conservatives may have been especially susceptible to Covid-19 denialism out of ideological inclinations to protect the status quo and maximize individual freedom. They may have been “drawn to the conclusion that the virus is not a great threat, negating the need for unpalatable government intervention” (Kerr *et al.* 2021: 7; see also Conway *et al.* 2021). In short, partisan-motivated reasoning seems to act as a palliative support when circumstances are complicated, threatening, and uncertain. It can also lead to the deaths of humans – and potentially democracies.

⁴ Likewise, one need not have been a conservative to engage in Covid-19 denial or fail to adhere to government-recommended behaviors.

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⁵ All links were verified on January 31, 2023.

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APPENDIX
DESCRIPTIVE STATISTICS (%)

“The coronavirus outbreak has been made a bigger deal than it actually is” (indicator)	28.4
“Donald Trump is doing ____ responding to the coronavirus outbreak”	
1. Poor	56.3
2. Only fair	12.1
3. Good	17.5
4. Excellent	13.8
Partisanship × Ideology (two indicators)	
• Conservative Republican	28.0
• Liberal Democrat	31.8
Right-wing news usage (Fox News or talk radio; indicator)	24.4
Political knowledge	
1. Low	25.5
2. Middle	32.2
3. High	42.3
“I know someone who has been hospitalized or died of Covid-19” (indicator)	25.7
“I am on the internet almost constantly” (indicator)	45.4
Female (indicator)	55.2
White, non-Hispanic (indicator)	69.2
Age	
1. 18-29	10.0
2. 30-49	32.8
3. 50-64	29.8
4. 65+	27.4
College degree (indicator)	56.7
Income tier	
1. Low (less than \$35,000)	20.2
2. Middle (\$35,000-100,000)	46.7
3. Upper (more than \$100,000)	28.9
Religiously unaffiliated (indicator)	29.6
Region (three indicators)	
• Northeast	16.5
• Midwest	21.1
• West	23.1

Note: All variables are listed as they are coded in the analyses. Values may not sum to 100 percent due to missing cases.

Source: Pew Research Center 2002 American Trends Panel survey, Wave 79.