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Solidaristic behavior and its limits: A qualitative study about German and Swiss residents' behaviors towards public health measures during COVID-19 lockdown in April 2020

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ABSTRACT

Politicians, policymakers, and mass media alike have emphasized the importance of solidarity during the COVID-19 pandemic, calling for the need of social cohesion in society to protect risk groups and national healthcare systems. In this study, which is part of an international Consortium, we analyzed 77 qualitative interviews with members of the general public in Germany and German-speaking areas of Switzerland on solidaristic behavior and its limits during the first COVID-19 related lockdown in April 2020. We found interdependencies between the interpersonal, group, and state tiers of solidarity that offer insights into what promotes solidaristic practice and what does not. We argue that because solidarity does not have a necessary and sufficient normative value in itself, those wanting to promote solidarity need to consider these interdependencies to effectively implement policy measures. Our study shows that inter-societal solidarity was based on individual voluntary agency and promoted through recognizing a shared goal, shared values, or other communalities including group effort. It also shows that individuals held state authorities accountable for the same values and expect inter-societal reciprocity from the contractual level. Tensions between those complying or willing to follow recommendations voluntarily and those perceived as not promoting the shared goal, posed challenges for solidarity. Another challenge for solidaristic behavior was when acting in solidarity with others was in direct conflict with the needs of close ones. Our study provides a clearer picture of promoting and limiting factors concerning solidarity which is relevant when communicating health policy measures to individuals and groups.

1. Introduction

On March 11, 2020, the WHO declared COVID-19 a pandemic. Over the following days, the concept of "solidarity" was immediately invoked with the launch of the WHO's "COVID-19 Solidarity Response Fund" and the "Solidarity Trial" (https://www.who.int/news/item/27-04-2020-who-timeline—covid-19) and evoked collaborative global action (Kokudo & Sugiyama, 2020). The aim here was to generate robust data from around the world to find the most effective treatments for COVID-19. When the COVID-19 pandemic struck Europe in the first quarter of 2020, politicians, policymakers and mass media across Europe, including Germany and Switzerland, continuously emphasized the importance of solidarity to prompt social cohesion between individuals and groups. This was done especially in relation to promoting compliance with public health measures aimed at containing the spread of the virus (ACPP, 2020; Bundeskanzlerin, 2020; Unzicker, 2020).

Solidarity is a multi-layered concept in politics, health, and social care. Its meaning and use has ethical, philosophical, social, and political dimensions (terMeulen, 2017, p. 29). In this article, we draw upon a descriptive definition of solidarity proposed by Prainsack and Buyx as an "enacted commitment to carry 'costs' (financial, social, emotional or otherwise) to assist others with whom a person or persons recognize similarity in a relevant respect" (Prainsack & Buyx, 2017, p. 43). We utilize this understanding of solidarity to analyze and assess the practical normative effect of solidarity in the COVID-19 pandemic; that is, its motivational effect on behavior as described in the empirical data. We

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thereby hope to contribute to a better understanding of what promotes but also compromises solidarity.

Prainsack and Buyx identify interpersonal, group, and contractual or state tiers at which solidarity is practiced. Individuals, groups or societies support others with whom they have no preexisting relation based on "recognizing similarity in a relevant respect", such as a common interest, a shared threat or a shared experience (Prainsack & Buyx, 2017, p. 43). Shared goals, interests or experiences promote social cohesion or commonality, enabling individuals to connect to others' needs across cultural and individual boundaries (Jennings, 2018; Jennings & Dawson, 2015). Other conceptions of solidarity emphasize the normative or prescriptive features over the descriptive aspects of solidarity, by defining the moral duty of solidarity through "natural connectedness and cooperation of individuals in society" (Durkheim, 1893; ter Meulen, 2017, p. 5), others equate solidarity and justice (Bayertz, 1998, p. 22). Molm et al. (2007) define social solidarity as inter-personal and between persons and social units for their theory of direct and indirect (or generalized) reciprocity. However, one of the strengths of the Prainsack and Buyx model of solidarity, besides its descriptive approach, is that it is not restricted to interpersonal or group relations but also includes a contractual tier. The "interpersonal" tier refers to active commitment to carry costs to support others based on shared experience; the "group" tier refers to manifestations of a shared commitment; and the "contractual" level refers to expectations of behavior by state actors or institutional authorities (Prainsack & Buyx, 2017, pp. 54). Particularly in its institutionalized form, solidarity involves indirect reciprocity by redistributing costs and benefits of certain solidaristic practices, i.e. policies or legal rules. For example, affordable public health care or taxation according to income is built on this sort of reciprocal solidarity (see Prainsack & Buyx, 2012). A second strength of the approach is the focus on the descriptive practice of solidarity as an empirical fact, and as a useful theoretical basis for empirical inquiries.

Compliance to public health measures can be motivated by a number of factors, including principled rule following or fear (Zimmermann et al., 2021) or how uncertainties are communicated (Lecouturier et al., 2021). In contrast, here, we specifically examine the type of complying with or following recommendations that is based on solidarity. Although solidarity continues to play an important role when communicating public health measures, we need to better understand how solidaristic behavior is exerted in interpersonal and group efforts to support others.

This study aimed to examine how solidaristic behavior played out in practice in Germany and the German-speaking areas of Switzerland during the first European lockdown in April 2020. First, we examined how solidaristic behavior was supported and articulated by participants. Second, we assessed how value conflicts limited the degree or willingness to act in solidarity with others. Germany and Switzerland represent two countries in continental Europe, where solidarity has been manifested in health care and other public institutions (Prainsack & Buyx, 2016). Including two countries that represent one country within and one outside the European Union allows contrasting and refining findings in view of different COVID-19 related policies, political culture and context.

Based on our findings, we extend the three-tier model of solidarity by Prainsack and Buyx by showing new aspects concerning the respective interdependencies that reflect the social complexity of solidaristic practice. We argue that fighting a pandemic in liberal democratic societies cannot rely exclusively on following rules and measures prescribed by authorities. In addition, social cohesion and individual willingness to act in solidarity towards a common goal are equally vital. We close by spelling out how our findings can prove valuable for communicating health policy measures.

2. Methods

We applied an explorative point of view to German and Swiss interviews from the first round of the qualitative, longitudinal, and multinational interview studies in the research consortium "Solidarity in times of pandemics" (SolPan) in Spring 2020. The collaboratively developed Master Coding Scheme (SolPan Consortium, 2021a) was based on a grounded theory approach (Charmaz, 2014; Yin, 2016). To conveniently report on qualitative research, the COREQ guidelines (Tong et al., 2007) were used and summarized in the Supplementary File. Ethics approval for the German and Swiss study arm of SolPan was received from the Technical University of Munich's ethics committee (208/20 S).

2.1. Setting and topic guide

This publication has been made possible by the joint work of the members of the SolPan Consortium. The SolPan Consortium includes nine European countries (Austria, Belgium, Germany, France, Ireland, Italy, The Netherlands, German-speaking Switzerland, and the United Kingdom). It was formed at the beginning of the COVID-19 pandemic in order to explore peoples' experiences during the pandemic.

We conducted and analyzed 79 qualitative interviews with inhabitants in Germany (n = 46) and the German-speaking part of Switzerland (n = 31). Two interviews were excluded due to poor audio quality. All interviewers followed the same collectively-developed topic guide (SolPan Consortium, 2021b), however interviewers were free to probe and to follow participants' leads. The topics inquired into changing and protecting practices of everyday life, attitudes towards the implemented pandemic measures, and future expectations, among others. Questions were asked in non-directive ways by collecting participants' experiences regarding how they were coping with the current crisis and their descriptions of reacting to and reflecting on COVID-19 related public health policies. Although the interview guide aimed at identifying solidaristic practices, participants were not asked about solidarity directly but assessed these indirectly by asking participants about their individual practices and reasons for behaviors.

2.2. Sampling, data collection, and ethics

Participants were recruited through online advertisement on the university websites, social media networks, convenience and snowball sampling without prior contact. Data saturation was addressed during analysis since the interviews were conducted during a restricted time period (Low, 2019), but we enabled a maximum variety of perspectives through recruiting participants with different demographics, including age, gender, income, household structure, residential area (rural – town – city), education, and employment situation (Table 1).

We provided information about the study design and aims to participants at least two days prior to the interview and obtained consent orally directly before the interview. The consent process and the subsequent interview were recorded on a digital voice recorder or by using a GDPR-compliant online tool (e.g. GoToMeeting). Interviews ranged from approximately 30 to 45 min. One interview with a German resident was held in English, the remaining were conducted in German. Interviews held in Swiss German dialect were translated upon transcription into standard German by a specialized transcription company. Only audio, not video material was stored for transcription and transcripts were pseudonymized. None of the questions were targeted towards gathering personal information about illness. No data was returned to participants.

2.3. Data analysis

The same researchers who conducted the interviews coded the interviews, but coding was, in addition, checked by another researcher for consistency and interrater reliability. For the analysis of this article, more than 20 codes of the Master Coding Scheme were identified as relevant by author NH by using the qualitative data analysis software (atlas.ti) network analysis tool for co-occurring codes. The targeted atlas.ti queries resulted in more than 200 quotes and were analyzed inductively using cross-sectional and narrative analysis in the context of the respective interview. Emerging themes and relationships were summarized in

Table 1
Demographic distribution of participants.

Category	Germany	Switzerland
Age		
18–30	9 (19.6%)	8 (25.8%)
31–45	19 (41.3%)	6 (19.4%)
46–60	5 (10.9%)	7 (22.6%)
61–70	8 (17.4%)	5 (16.1%)
70+	5 (10.9%)	5 (16.1%)
Gender		
Female	24 (52.2%)	16 (51.6%)
Male	22 (47.8%)	15 (48.4%)
Household		
Single	13 (28.3%)	8 (25.8%)
Couple	16 (34.8%)	10 (32.3%)
Living with child/children under 12	8 (17.4%)	3 (9.7%)
Living with child/children 12+	4 (8.7%)	5 (16.1%)
other	5 (10.9%)	5 (16.1%)
Rural/urban		
Big town (e.g. capital, +500k in GER, +100k in CH)	22 (47.8%)	10 (32.3%)
Medium/small town	12 (26.1%)	6 (19.4%)
Rural (e.g. village)	12 (26.1%)	15 (48.4%)
Employment status		
Employed (long-term contract)	21 (45.7%)	13 (41,9%)
Self-employed	4 (8,7%)	3 (9.7%)
Employed (short-term/precarious contract)	3 (6.5%)	6 (19.4%)
Unemployed	4 (8.7%)	1 (3.2%)
Retired	10 (21.7%)	7 (22.6%)
other	4 (8.7%)	1 (3.2%)
Education level		
Less than 10 years	2 (4.3%)	10 (32.2%)
10–14 years (e.g. highschool diploma)	16 (34.8%)	3 (9.7%)
Higher education	28 (60.9%)	18 (58.1%)
Household net income		
Up to 1400€ (4000CHF)/month	5 (10.9%)	6 (19.4%)
1401–3000€ (4001-7000CHF)/month	14 (30.4%)	9 (29%)
More than 3000€ (7000CHF)/month	27 (58.7%)	16 (51.6%)
Total	**46**	**31**

analytical memos. Authors NH and BZ wrote the memos for each country separately and then compared, combined and condensed the themes informing the main objectives.

To apply the solidarity model to the interviews, NH and FS reanalyzed participants' perspectives, when talking about solidaristic practices according to whether they referred to interpersonal or group interactions, or directly or indirectly to the authorities' decisions about health measures. This in-depth analysis revealed contextualized interdependencies between the three tiers and thereby extended the initial three tier model to eight themes (Table 2).

3. Findings

We qualitatively extrapolated four main themes from the interviews 1) sense of commonality, 2) supporting those in need, 3) solidaristic compliance, and 4) participants' reflections about the contractual level of solidarity.

3.1. Sense of commonality

3.1.1. Supporting values, motives, and reasons

When describing their daily practices, many participants related their own experiences to the experiences of others. Everyone had to rearrange their every-day life within the restrictions in place. Particularly German participants described how a feeling of shared experience promoted commonality and fostered solidarity: "But now that we're all sitting at home at this moment everyone feels the same, more or less, you can see more solidarity." (DE01)

Many respondents in both countries described raised awareness towards others, sometimes in relation to keeping distance. Particularly on the group level, supporting others was mentioned repeatedly in connection with already existing groups, such as an actively supportive neighborhood. These respondents grounded their support for others as part of existing social ties: "The first thing I did was to go to them [neighbors] and said, 'People, if you need anything, if there is anything: We are there, we are mobile.' Yeah, that works incredibly well here." (DE02) In April 2020, many participants expressed accounts of shared experiences of the crisis and referred repeatedly to a shared commitment to act together to fight the virus.

Table 2
Promoting & limiting aspects on the interpersonal, group, and contractual tiers of solidarity.

Agency	Addressee		
	Interpersonal addressee	Group addressee	Contractual addressee
Interpersonal agents	Supporting others by recognizing similarity and shared experiences. *Egoistic behavior*	Supporting others builds on pre-existing social relations. *Social needs trump societal cohesion*	Individual hold authorities accountable for same values they are willing to act upon.
Group agents	Members of groups reaching out for support *Envy driven debate*	Group interaction: What individuals identifying as part of groups want from others.	Individuals relate to authorities for support of societal relevant groups. *Envy driven debate*
Contractual agents	Individuals feel encouraged to help fighting the crisis. *Costs of bad political decision-making carried by individuals.*	Supporting social cohesion through indirect reciprocity. *Lack of participation and shared experiences.*	

Note: Limiting aspects are in *italic font*, promoting aspects in regular font.

3.1.2. Limits and conflicts of commonality

In contrast, participants also mentioned egoistic behavior as the opposite of behavior motivated by a sense of commonality. On the group but also the individual level, these participants blamed others for hoarding or "panic buying" (DE03), thereby limiting access to essential goods (see Section 3.3.2). A Swiss participant reported his irritation when seeing people wearing gloves at the store and touching everything with them, referring to them as egoistic since they were only protecting themselves while spreading germs everywhere. (CH01)

The majority of participants described how they were getting to grips with how the threat of the pandemic moved from being a distant phenomenon in China to affecting them in their daily lives. However, different individual assessments of risk led to different behaviors and increased misunderstandings between interacting individuals. Some respondents worried very early about societal consequences of the restrictions describing growing unease, "… now we almost get a little hysterical, or society almost reacts a little hysterical. So, I think keeping distance is a good thing, it's important. But when I go for a walk in the woods and I meet someone and this person steps aside and doesn't even greet me, just because I could be infectious. That troubles me to some extent, such overreaction." (CH02) Both themes, the willingness to act towards a common aim in a shared situation of threat through the virus, and reports of egoistic or deviating behavior, were mentioned repeatedly by participants.

3.2. Supporting those in need

3.2.1. Supporting values, motives, and reasons

One behavioral practice motivated by solidarity on the interpersonal level was to support others in everyday contexts such as offering to do grocery shopping. This was prominent in both countries. Several participants noted that they offered such services even though those in need

often did not take advantage of an offer. "And I got the feeling that she didn't want to make use of this offer [to walk the dog] or needed it, but rather wanted to talk. I think because she felt lonely. And then we stood outside her door for an hour and listened and talked to her." (DE04)

Solidarity for other groups, e.g. homeless people, health-care workers, and small scale entrepreneurs or artists, was based on acknowledging their effort to get through the crisis but also on recognizing vulnerability. Participants reported that individual initiatives stepped in for former institutional initiatives, which could not help in their established way because of the restrictions.

> "In [our city] they now have … put up a big fence right at our cathedral where people can attach bags with groceries or cosmetics for the homeless and the people who used to go to the [food donating initiative] which is frequently used. And there are two food trucks that offer soups for the homeless …." (DE05)

Supporting others extended to groups whose working situation had worsened due to the pandemic in less obvious or visible ways, e.g., artists and small business owners. For the latter, some participants reported how these groups reached out actively and asked for support, e.g. by offering vouchers or delivery services:

> "But even then I realize that there is a great form of flexibility and solidarity. In other words, more delivery services from areas that have never delivered before. And that's something that I absolutely support and say, as long as I can support it, I will definitely do it." (DE06)

Although solidarity for *other* groups was frequently mentioned, there were also participants who self-identified as part of risk groups and agreed to act in solidarity for the sake of their own group. An elderly lady states, "[b]ecause they are making such an effort [to support the elderly], we should show some consideration and I just don't want to show myself outside in front of people. Simply to show some solidarity." (CH03)

Solidarity practices were based on recognizing vulnerability and supporting the local economy. When taking on the group perspective, participants either referred to themselves as part of a grown community, or they expressed solidarity for other groups independently from whether they did or did not identify with them. We found striking similarities in both countries on how participants described supportive practices as well as their underlying values, motives, and reasons.

3.2.2. Limits and conflicts of supporting those in need

Participants repeatedly reflected on how to adapt to the pandemic adequately in relation to the needs of close relatives. Again, this was represented similarly in both countries. In this context, some worried that "loneliness and possibly resulting illnesses … are also consequential damages that we will notice at some point." (DE07) For example, one participant described how her father, who was living in an elderly home, faced several incommensurable problems. The man was torn between staying in his room, losing his ability to walk, and becoming lonely, or continuing to visit and read to his blind fellow resident, even though the healthcare personnel threatened him with being fined by the police if he chose to continue his visits. In addition, the participant's daughter, as a single-mother, usually relied on the participant's help to take care of the kids. Listening but not being able to answering his kin's needs, put this participant in a situation where she found it hard not to violate measures.

3.3. Solidaristic compliance

Solidaristic compliance here is understood as focusing on respondents' statements describing voluntary solidaristic practice rather than principled rule following. In both countries, many participants emphasized promoting social and societal cohesion particularly when describing their following recommended health measures.

3.3.1. Values, motives, and reasons supporting solidaristic behavior

Recommendations invoked by national and regional authorities to contain viral spread were also present in participants' motivations. Some participants indirectly mentioned motivations to comply with restrictions that relate to solidaristic behavior to promote a shared aim: "… complying with the rules is fairer for all, the numbers go down and infections are decreasing." (DE08) Participants with this attitude expressed a strong sense of self-efficacy, recognizing that individual behavior contributed to benefit all. By contrast, not following recommendations was considered to be "stupid, unsolidaristic, irresponsible towards society, towards the others who stick to it" (DE09) and "irresponsible and egoistic." (CH04) Consequently, there was an overall expectation among these participants for social cohesion, with some participants noting that following measures and recommendations contributed to the common goal to control viral spread (see also "Commonality").

Moreover, participants who did not feel personally at risk expressed a shared feeling of responsibility for others, for example risk groups and the elderly. This sense of responsibility for others served as a motivation for some to follow recommendations and rules without being worried about their actual health or getting infected themselves.

> "I think that I should respect [restrictive measures] mostly because … I could transmit the virus. Not because I am worried about me in any way … but because of other people, I'd say to simply take responsibility." (DE10)

A shared feeling of responsibility could also be found in showing solidarity with frontline health-care workers around the world, and this evoked behavioral change and awareness of participants' own health-care system and the people who work for it.

> "The situation of the nurses in New York has really affected me. That really got very, very close to me. Because these people are really badly paid. They are at the front line; they can't do home office. And yes, they just die for others. That is why I think it is so important that us others, who are not at the front line, show solidarity and stay home and do not take any additional risk to not overburden the healthcare system even more." (CH05)

This notion of responsibility was prevalent in both German and Swiss data.

3.3.2. Limits and conflicts of solidaristic compliance

Some participants from both countries reported how they or others made exceptions from the rules or tweaked them to justify actions and behaviors matching individual needs. For example, one Swiss participant was disturbed by their elderly neighbors who went grocery shopping in another village to avoid being seen (CH03). Even if respondents followed the rules, their personal needs for social interaction contradicted the existing general recommendations to stay home:

> "It says we should not go out. Well, I do go out once a day. I do need to go for a short run at noon. But that's not directly forbidden, is it. But they do say one should best stay home. I'm not always consistent with this [rule], I was outside on the weekend with the nice weather to read or play badminton with friends. I do that anyway. But we keep our distance and we are not more than five people. I do stick to those rules." (CH06)

Others seemed to see the need to justify making exceptions by relating their decisions to the behavior of others: "The daycare centers were already closed for several days. … Well, but when I saw other parents on the playground too, we thought: Well, you can still do that." (DE11)

Several German participants reported extensive discussions to convince their elderly parents about the need to follow recommendations for self-protection while mitigating their personally-perceived high costs of social and physical distancing. "When I look at my parents and parents-

in-law …, who have bravely gone through this by [staying home] for four or five weeks, but who are now also beginning to register this will keep their lives busy for even longer. Let's see how long they then, … refrain from certain things that are recommended not to do." (DE07) Specifically, feelings of loneliness and despair of vulnerable relatives were given as reasons why participants expressed the personal costs for solidaristic behavior as a disproportionate burden, even if it meant following distancing rules or recommendations.

On a group level, blaming the "other" as lacking solidarity was a reoccurring theme in both countries, indicating the limits of solidaristic behavior between groups. Middle aged and older participants expressed their frustration with the younger generation for not taking social and physical distancing seriously (CH07) and for showing a lack of consideration for others. "The teenager groups who completely ignore it and sit in groups of 10 or so in the park and – I don't want to say they are partying, but they just sit together drinking a beer and don't care at all, and that should actually not happen at all at the moment." (CH08) Some respondents even described the behavior of young people as "demonstrating, we won't be told anything." When explaining their frustration, they referred to the shattered wish that "the spirit of solidarity would be more important at the moment." (CH09)

In both countries, some younger participants also blamed the elderly for not practicing social distancing or wearing masks when recommended. They also expressed their frustration about a lack of consideration and caution despite the fact that elderly people were more at risk of catching the virus (CH10, DE12, DE13) (see also chapter 3.2.2 Limits and conflicts of supporting those in need). Mostly in relation to food shopping, participants up to 45 years expressed their frustration about the lack of solidaristic behavior from older people. "I was in the supermarket … and there were almost exclusively retired people. Some of them wore face masks, but still, they certainly were older than 70. And I have to say, I find that a little bit unfair towards all people who are compliant. We are all doing that to protect the risk group. … That makes me quite angry." (CH11) Although younger participants understood the need for mobility "if they go out for a walk or so, that's fine. Because they are allowed to do that and they should do that. But going into a supermarket as if nothing" (CH11) was met with irritation. Representatives of both groups expressed that they would want the other group to share the burden and the costs to fight the pandemic.

3.4. Reflections in respect to the contractual level

3.4.1. Hopes and reasons supporting solidaristic behavior

Participants repeatedly referred to values like fairness and responsibility as a motivation for their own solidaristic behavior. In turn, they also held the authorities accountable for contributing to these values. One Swiss participant even claimed "that we are now benefiting from the fact that we have made provisions, in the financing of Switzerland, that they can now give it back to us." (CH12) Others worried that solidarity, understood as effective social cohesion, was threatened by an increasing gap between poorer and wealthier people and expected the authorities to consider mitigating political actions. They were thus calling for indirect reciprocity to give back and redistribute wealth but also to promote social peace and cohesion.

One participant explained how they supported their daughter's family financially, pointing out they would expect a discussion about measures for distributive justice from the state level: "Well, I still think that the unconditional basic income has not been discussed sufficiently. One could really consider to think further in this direction. … I think that our state can definitely return to the social market economy. … We are in a good position to do that [help]. Others can't. What about them?" (DE02)

Some of the participants explicitly referred to the contractual level for reciprocal solidarity. In this context, some respondents from both countries emphasized their hope and expectations for sustainable change of direction in politics. "What is important to us as a society and as people?" (DE14) and "What is also to be hoped for is that the so-called system-relevant professions will not only continue to receive applause, but will be paid better in the future. And that this will remain so." (DE15) Respondents who referred to a shared sense of responsibility also expressed a more positive attitude towards the state, and a belief in indirect reciprocal measures to benefit societal cohesion.

3.4.2. Limits and conflicts of solidarity at the contractual level

Limits and conflicts of solidarity on the contractual level were multifaceted and nuanced between the two countries investigated. First, some German participants voiced their frustration about the consequences of having underfunded institutions, the costs of which were seen to be carried by vulnerable groups and society.

> "Federalism is not the best thing, but rather: How can I develop the best teaching methods? And if a school doesn't have fast internet, then none of this is of any use. And if households don't have fast internet because some communities refuse to see that as their responsibility and people say, 'But I don't want any cell towers in my neighborhood,' then of course I can't fall back on those things either. And we are harming our children because they are being left behind." (DE16)

Repeatedly, participants expressed their worries about the long-term consequences of the interplay of the pandemic and corresponding measures specifically for the already weak, who were expected to suffer long term (DE04).

A second aspect concerned who participants held accountable for fair distribution of resources to overcome the pandemic. Some German participants held the authorities accountable for societal cohesion and expressed their worries not only for specific groups, but especially for the societal consequences of increasing the gap between poorer and better-off people.

> "I also think it is also time for a redistribution. To make sure, that the little man gets a little bit as compensation or tax savings or whatever? And if someone earns more than 100,000 or even more a year, then he can also give a little more in taxes. It would simply be social, I think. … I'm making ends meet, and that's okay with me, too. But if somebody comes and says 'They're close to the limit now, but if you give me another hundred', then I would still give the hundred if I can help the poor person with it, with it. These people really do exist and I know that due to my work." (DE17)

The fair distribution of the costs for the pandemic motivated some participants to call for strict controls of people or companies who abuse the COVID-19 subsidies. Some suspected these subsidies being exploited by some: "I hope that is … really checked, by the tax offices …" (DE05) or "[m]y housemate is on short time but he has a lot to do. They still have their ordinary orders. But their boss is scared that they might not be liquid anymore in two or three months." (CH07)

Few even argued that everyone had to contribute, even more if they could afford to. "And if someone says, 'we cannot use our own private savings', I think, 'why not'? Everyone should use their savings." (DE05) This view that individuals and companies are (partly) responsible to make savings to get through such worse times was particularly prominent in Swiss data. For example, one elderly Swiss participant stated:

> "In my social circle, there are some who could have made more effort to have more money instead of spending everything on traveling and today they need subsidies and are unsatisfied with everything. Those people always want more. The state has the money and the rich should pay. I am not counting myself to the rich. But we have always saved money … to have some left when we are old. Because we had to." (CH02)

A third aspect concerned the weighting of economic versus health interests. Beyond the idea of relaxing measures to restore the economy, the following respondent from Germany emphasized reciprocal solidarity. Specifically, "… I would always put life and limb before economic

well-being. So you have to, so to speak, somehow treat it as secondary solidarity. There are solutions but that can't be the only reason to relax a measure." (DE18) Several Swiss participants accused the state and politicians to put economic interests higher than people's health or even their lives. "I have a problem when economy and money are higher weighted than human lives." (CH13)

Fourth, specifically those who emphasized the consequences of long- and medium term economic problems called for distributive justice. "And I can only hope that this will be done in such a way that those who are economically strong will have to pay it back and not again those who are impoverished anyway." (DE15) In both countries, decision makers were called on to come up with solidaristic solutions to take countermeasures against unfair distribution of financial and societal costs after the crisis. In this vein, discussions emerged about a who should receive support. The limits for solidarity for many participants became most obvious around the question about fair distribution of monetary support. When "big companies come along and demand billions from the state" while having made "many millions or even billions in profit" previously, when at the same time small businesses "can't make ends meet and don't know how they can still pay their rent or employees next month" (DE17), respondents were concerned about distributive justice. Other examples from German participants being concerned about distributive justice included references to companies selling protective masks at exorbitant high prices (DE16) or to what one participant referred to as an "envy debate" (German: *Neiddebatte*, DE19) when it came to self-employed medical professionals, such as doctors, receiving financial support even though they were perceived as being better off.

Several Swiss participants again perceived company owners as responsible. For "I know small businesses … where the owners asked for short time subsidies but at the same time lowered their own salaries for the time being." (CH14) On a more general level, two Swiss participants stated that they found it problematic that people were calling for less economic restrictions as long as economy was flourishing, but ask for fiscal help as soon as there are problems. "That is a general problem, not only with corona." (CH02, see also CH14). In our study, Swiss participants more heavily referred to an individualistic view concerning fair distribution of supportive (financial) resources, whereas German participants tended to direct responsibility towards the collective and the state authorities.

A fifth aspect where participants from both countries challenged solidarity at the contractual level concerned the lack of participation and inclusion of those affected heavily by the restrictions. For instance, a professional caregiver advocated on behalf of the elderly for participatory inclusion in voluntary agreements, or opting out of being protected through restrictions:

> "I think that the risk group itself should be allowed to have its say. Not simply be named as a risk group, these are the elderly, they are in their homes and we have to protect them now, even without asking them. Maybe we could even separate them. There are certainly some who would like to be protected in this way and who no longer want to have contacts and others who would still like to have contacts. Maybe we could move them together, I don't know." (DE20)

Finally, when participants' personal experiences about social cohesion did not match up with the picture of solidarity communicated by the media, this gap contributed to a skeptical distance towards authorities. This view was represented in both countries.

> "It is always propagated in the media that everyone helps wonderfully and so on. I perceive it a bit differently with us, maybe it's just with us, I don't know, that people are not so friendly anymore. One passes each other by, simply. Well, here and there a nod of the head. But most of them look at the floor and away they are. Well, I don't know, apparently it's different somewhere else, but here I experience it that way." (DE17)

The divergence between lived experiences and a prescriptive use of solidarity by the authorities raised the suspicion about the use of power relations to regulate groups and individuals.

4. Discussion

Four main fields for analyzing solidarity behaviors at the beginning of the pandemic were identified in our findings. First, a shared commitment to act together against the shared threat of the pandemic promoted spontaneous initiatives but was also built on existing social ties, which were extended to support others. Different risk assessments and different perceptions of risks, led to diverging willingness to follow measures. The second dominant topic we identified was the willingness to support others in need when these were identified as vulnerable. That said, participants repeatedly reflected on how to adapt to the pandemic adequately in relation to the needs of close relatives, which sometimes was a limiting factor for solidaristic compliance. Third, solidaristic compliance was tied to participants' mentioning of a shared aim, such as the common goal to control the spread of the virus. This compliance in turn resulted in an overall expectation among these participants of social cohesion. Here, the lack of solidaristic behavior, as perceived by some participants in the elderly or younger generations, was stated to limit their solidaristic engagement. Finally, when reflecting on the contractual level, participants repeatedly referred to values like fairness and responsibility as a motivation for their own solidaristic behavior, and they held authorities accountable for contributing to these values. Some of the participants explicitly referred to the contractual level for reciprocal solidarity and emphasized their hope and expectations for sustainable change of direction in politics. Social cohesion in reference to the contractual level was limited by some participants voicing their frustration about the consequences of having underfunded institutions, the costs of which were seen to be carried by vulnerable groups. They further expressed their worries about the long-term consequences of the interplay of the pandemic and corresponding measures, specifically for the health-care workers and vulnerable persons, those perceived to suffer the most.

In coping with the pandemic, our study participants often related their personal experiences to existing policy measures. Although there was an overall trust in and agreement with the authorities' policies and approaches, participants also issued various criticisms. These qualitative findings match well with those of quantitative studies (Genschel & Jachtenfuchs, 2021; Wolf et al., 2020). The former state that the COVID-19 crisis has turned the "tradeoff between the functional scale of governance and the territorial scope of community" upside down, by "lifting expectations of community to the grand transnational scale in the name of solidarity" and at the same time shrinking the "functional scale [of governance] to the (sub-)national level in the name of security" (Genschel & Jachtenfuchs, 2021, p. 350). Correspondingly, our in-depth findings indicate that high expectations regarding state support and the impact of this support were already relevant for the participants in the first stage of the COVID-19 pandemic. In addition, doubt about the effectiveness of the measures and criticism of the authorities could be linked to fear of negative long-term consequences, including carrying costs of prolonged uncertainty and disorientation.

Solidarity, as defined for the purpose of this analysis, is used primarily in a descriptive fashion capturing how relevant normative effects, values and behaviors are enacted between individuals and between individuals and institutions. And indeed, our respondents referred to ethical values such as feelings of responsibility when following recommendations or supporting others. On the interpersonal level, people reflected on the 'costs' or the efforts they were willing to take on to support others. They understood 'costs' widely, including financial but also health, social, psychological or other impacts and efforts, thus mirroring our definition (Prainsack & Buyx, 2017). Our findings also confirm that incidences of a perceived mismatch between costs and benefits can be associated with decreasing solidaristic compliance, for example when people make

exceptions to prioritize the needs of their own family and friends above social cohesion or rule following.

We found that motivational factors such as personal responsibility, personal relationships, or wider societal concerns impacted on solidaristic practices. For example, individuals who emphasized being a part of a group, emphasized their motivation to support the health care system and contribute to fighting the crisis more than others. This behavior was not only present in our data, but was also confirmed on an international level by (Broom, 2020). Many participants also held the authorities accountable for protecting vulnerable and disadvantaged groups during and after the crisis. A discussion about which groups are worthy of (monetary) support by reciprocal solidarity was visible across our data in what German media have termed an "envy debate". Although both strands of discussion – the "envy" stance, and the supportive stance – were motivated by values like distributive justice, the normative reference points for the more negative "envy" framing was not clear from the data and deserves future attention.

Our study also confirms that individuals hold state actors and authorities accountable for the same values, e.g., sharing responsibility, distributive justice, that motivated them to act. As Oram-West (2020) states, responsibilities on the contractual level include the legislative means to establish and maintain institutional programs to promote and protect health. And indeed, our respondents related to authorities by sometimes engaging in a fictive dialogue, 'reminding' them to provide and maintain effective protection and support those who were worse off than others. Thus, how authorities communicate measures and their underlying decisions strongly impacted individuals' sense of security and protection. Respondents felt exposed to the threat of the crisis by missing available material support (e.g., face masks, financial aid). Our findings thus support West-Oram's hypothesis that decisions on the contractual level directly affect interpersonal conditions for supporting others (West-Oram, 2020, p. 3). When authorities' decisions increase individual's additional costs (financial, time, resources), they make it harder for individuals to comply or to support others. This can be linked to a failure of solidarity by the state towards those parts of society in need (indirect reciprocity) (Prainsack & Buyx, 2017).

Since we examined the beginning of the Covid-19 crisis, when measures had not been in place for a long time, it is not surprising that we found a generally high level of agreement among our respondents to the imposed measures. This is mirrored in quantitative work produced at the same period of time as stated in the Covid-19 Snapshot Monitoring (COSMO) on acceptance of measures: "Acceptance of the restriction of civil liberties rose sharply when the measures began in March and fell steadily from the end of March" (COSMO Consortium, 2020).

What we show here is how much of that agreement was based on prosocial and solidaristic considerations and arguments. In addition, our in-depth analysis provides a better understanding of the social fabric necessary for solidaristic behavior and social cohesion. For example, the use of value-based reasoning in individuals' narratives points to some discontentment with the contractual level. The need for fair and transparent rules, was also addressed by (Cammett & Lieberman, 2020) at the end of March 2020, emphasizing the challenges, options and implications for COVID-19 responses in the light of building solidarity. Our participants worried about collateral damage, and mid- and long-term effects of the crisis. This burden is expressed as uncertainty, worries and discontent in the individual interviews, but it is likely that it also impacts on how societal groups interacted at the beginning of the crisis (see COSMO Consortium, 2020). Some participants felt overwhelmed because they could only act in solidarity on a much smaller scale than required when acting on the contractual level.

To analyze social and societal cohesion, group interaction and members of groups reaching out in the name of group support could be distinguished in our findings. When solidaristic compliance was expected from groups, participants who identified with these groups described what they in turn expected from other groups to help fight the pandemic together. Thus, we could confirm the theoretical expectation that at higher levels of institutionalization, solidarity requires more and more (indirect) reciprocity (Prainsack & Buyx, 2017). Interestingly, middle aged and older participants wanted the younger to share the costs of fighting the pandemic, but both groups accused each other of not taking joint efforts seriously enough. People who took the stance of "the younger" wanted "the elderly" to contribute by staying at home. They felt that they carried a disproportionate part of the costs by forgoing low-risk social interactions, while perceiving that the elderly did not take, e.g., physical distancing seriously enough when going about their daily lives. These limits of solidarity signaled diverging expectations about the behaviors of the respective other group, their obligation to also carry costs, and a lack of participatory exchange and communication. Studying these perceived imbalances in reciprocity across groups further, and addressing them, is important for future efforts to balance benefits and costs of measures at group level (Ayalon et al., 2020).

We also found that when participants characterized groups to which they did not feel they belonged to as "others", they rarely emphasized shared experiences. As discussed in (Prainsack, 2020, p. 128), it is difficult to find commonalities among individuals across groups upon which these feel motivated to act, particularly if the identification with a group is perceived as imposed from the outside. Our findings showed that this is particularly relevant when one group is asked to carry costs for the benefit of another; if the first group does not recognize commonalities with the other, costs are perceived to be high. In particular, patronizing other groups by advocating what they should do or refrain from doing without perceived commonalities provoked unwillingness to follow recommendations. How to address this issue, for example how to stress commonalities between groups that exist, and aid their perception to improve cohesion at the group level as well as balancing costs and benefits, deserves further study.

While we found many examples of solidaristic behaviors at the inter-individual and the group level, the limits of solidarity were often reached if participants did not identify with being part of a defined risk-group. Some respondents stated that their individual autonomy, including their wish for mobility and their social needs, outweighed their fear; they were not willing to carry costs even while they acknowledged the commonality of belonging to a risk group.

Small and medium scale solidaristic initiatives built on existing social relationships, including the use of social media platforms sometimes intensified or expanded to include others in need. Our finding thus confirm the relevance of building on existing social relationships and networks to build solidaristic behaviors (Carlsen et al., 2021). We also found that the ability to have a positive effect through joint actions can promote the feeling of togetherness beyond group membership. However, when needs, of family and friends conflicted with the solidarity required to support a wider societal community, tensions between empathy and doing what would be officially recommended became visible (ACPP, 2020). Further study is necessary to untangle the role of pre-existing relationships for solidaristic behaviors, particularly those in support of other groups.

Finally, by highlighting the different facets of solidarity practices we have shown interdependencies between the three tiers (Table 2) and contribute to an in-depth understanding of the societal complexity concerning solidaristic behavior. To showcase the many facets of solidaristic practice and the interdependencies between the three tiers, we extended the existing categorization. The new model extends the original idea of Prainsack and Buyx and allows a classification according to agent and addressee perspectives regarding solidaristic behavior. Moreover, the diversification between agents and affected persons presented in Table 2 allows for context sensitive understanding of societal aspects. The last box is empty because none of the participants were interviewed in their role as state actors.

5. Limitations

This qualitative inquiry does not claim quantitative representation

nor quantitative generality. Nevertheless, we have an uncommonly large sample for a qualitative interview study. We also made sure through our recruitment strategy that we would cover a broad range of demographic indicators. Thus, we believe our respondents map a broad range of experiences and the findings offer unique insight into how people reacted to the completely unknown situation during lockdown when called upon to pull together in a joint effort to mitigate the effects of the pandemic. However, our participant group is slightly skewed towards middle and higher education and middle- and higher-income groups and our results need to be interpreted with caution. We did not collect observational data and instead derived what people do and why from descriptions of their experiences, their examples, and the reasoning they shared. A closer analysis of the relationship between social and societal cohesion exceeds our analysis but would be a worthwhile objective for further studies. We compared data from residents of Germany and German-speaking Switzerland to contrast our findings. While we found striking similarities for many aspects, the differences are reported while keeping in mind that in qualitative studies by nature, samples are not representative (despite controlling for demographic variables, see Table 1). We acknowledge that there might be further relevant aspects which we did not control for, e.g. political orientation of our participants.

6. Conclusion

Perspectives from the social sciences and humanities are critical to analyze the current pandemic situation, not only to underpin urgent responses, risk assessment and political advice, but to further develop communication strategies, best practices for political decision making, and assessing long-term consequences of e.g. certain measures taken such as lockdowns. (see Brendebach et al., 2020). This study contributes to this aim by offering individual, social and societal contexts that provide better understanding how and why people were motivated to support others in times of extraordinary measures in April 2020 due to the COVID-19 pandemic. We contribute what promotes solidaristic behavior in times of a pandemic in Germany and German-speaking Switzerland but also contextualize specifically where and when solidarity reaches its limits.

In sum, a raised awareness about initiatives and supporting others fueled a sense of commonality which in turn promoted solidaristic behavior for the vulnerable. Focusing on a shared aim in uncertain times and the overall societal expectation to contribute to controlling viral spread, further supported solidaristic practices.

Limitations for solidaristic behavior were found in tensions between those complying with or willing to follow recommendations voluntarily, and those perceived as not doing so. Another challenge was if acting in solidarity with others posed a conflict with the needs of loved ones. From a contractual perspective, the discomfort about possible overregulation and a potential unfair distribution of financial and societal costs was identified as limiting factors. Focusing on a shared aim while formulating fair and transparent incentives for social cohesion was a driver in terms of solidaristic compliance. Lastly, when authorities' decisions increase individual's additional costs (financial, time, resources), they make it harder for individuals to comply or to support others. We found, that individuals hope that the reciprocal societal power of solidarity can unfold in good political decision making.

Hence, when communicating health-care measures and asking to promote social cohesion, it seems essential that authorities take into account the relevant shared experiences and try not to prescribe a notion of solidarity from 'above'. Equally important is to address concrete worries about a possible increasing gap between the poorer and the better-off by communicating how shared societal values are executed and translated into political practice. Thus, solidarity as inter-societal value cannot be taken for granted – but it can be appealed to. Appeals should foreground shared goals and experiences, whilst at the same time, targeted communication should signal awareness of individuals' as well as groups' particular circumstances. Achieving such nuanced communication of health policy measures is no mean feat.

Our data also confirmed key elements of the Prainsack and Buyx model. We found that although solidaristic behavior can be motivated by ethical values (e.g., taking responsibility for a shared commonality, distributive justice), solidarity as a practice is neither sufficiently defined by underlying motivational sentiments (empathy, compassion) nor values (justice and equity). We thereby confirm that solidarity does not have a necessary and sufficient normative value in itself, but its normative effect depends on the context of application and practice. However, this normatively underdetermined conception of solidarity can be seen as a strength rather than a weakness of the model. By looking at solidarity in a descriptive way, the context of its enactment reveals whether and how it benefits or possibly even harms others (see Prainsack & Buyx, 2012, p. 346). By analyzing empirical data, we extended the original three tier model showing aspects of interdependencies between the tiers and their behavioral and societal consequences for solidaristic practice, and for communicating policy measures. Although we could identify general promoting and limiting factors for solidaristic behavior, the multilayered perspectives of solidaristic behavior, as expressed by participants' agency and their addressee perspective, provide a more detailed picture which will need to be taken account of when communicating targeted measures to individuals and groups.

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Appendix A. Supplementary data

Supplementary data to this article can be found online at https://doi.org/10.1016/j.ssmqr.2022.100051.

References

Austrian Corona Panel Project. (2020). *In kollektiver Einsamkeit? Erste Ergebnisse einer 9-Länder Interview-Studie der Forschungsgruppe Zeitgenössische Solidaritätsstudien an der Uni Wien*. Available at: https://viecer.univie.ac.at/corona-blog/corona-blog-beitraege/blog30/.

Ayalon, L., Chasteen, A., Diehl, M., Levy, B. R., Neupert, S. D., Rothermund, K., et al. (2020). Aging in times of the COVID-19 pandemic: Avoiding ageism and fostering intergenerational solidarity. *Journal of Gerontology: Series B, 76*, e49–e52.

Bayertz, K. (1998). *Solidarität Begriff und Problem*. Frankfurt am Main: Suhrkamp.

Brendebach, J., Poiares Pessoa Maduro, L. M., & Tassinari, F. (2020). The EU response to the COVID-19 pandemic: Achieving relevance, mobilising solidarity and preparing for the future. In *STG policy briefs*.

Broom, D. (2020). *A pandemic of solidarity? This is how people are supporting one another as coronavirus spread*. World Economic Forum.

Bundeskanzlerin. (2020). *Merkel ruft zur Solidarität auf*.

Cammett, M., & Lieberman, E. (2020). *Building solidarity: Challenges, options, and implications for COVID-19 responses. COVID-19 rapid response impact initiative*. White Paper 4. Edmond J. Safra Center for Ethics.

Carlsen, H. B., Toubøl, J., & Brincker, B. (2021). On solidarity and volunteering during the COVID-19 crisis in Denmark: The impact of social networks and social media groups on the distribution of support. *European Societies, 23*, S122–S140.

Charmaz, K. (2014). *Constructing grounded theory*. London Thousand Oaks, Calif: Sage.

COSMO Consortium. (2020). *COVID-19 Snapshot Monitoring (March 2020)*. Available at: https://projekte.uni-erfurt.de/cosmo2020/archiv/21-01/cosmo-analysis.html.

Durkheim, E. (1893). *The division of labour in society*. London, UK: Macmillan.

Genschel, P., & Jachtenfuchs, M. (2021). Postfunctionalism reversed: Solidarity and rebordering during the COVID-19 pandemic. *Journal of European Public Policy, 28*, 350–369.

Jennings, B. (2018). Solidarity and care as relational practices. *Bioethics, 32*, 553–561.

Jennings, B., & Dawson, A. (2015). Solidarity in the moral imagination of bioethics. *Hastings Center Report, 45*, 31–38.

Kokudo, N., & Sugiyama, H. (2020). Call for international cooperation and collaboration to effectively tackle the COVID-19 pandemic. *Global Health Medicine, 2*, 60–62.
Lecouturier, J., Kelly, M. P., Graham, F., Meyer, C., Tang, M. Y., Goffe, L., et al. (2021). Public understanding of COVID-19 antibody testing and test results: A qualitative study conducted in the U.K. Early in the pandemic. *Social Science & Medicine, 273*, 113778.
Low, J. (2019). A pragmatic definition of the concept of theoretical saturation. *Sociological Focus, 52*, 131–139.
Prainsack, Barbara (2020). Solidarity in times of pandemics. *Democratic Theory, 7*(2), 124–133. https://doi.org/10.3167/dt.2020.070215.
Prainsack, Barbara, & Buyx, Alena (2012). Solidarity in contemporary bioethics – towards a Nnew approach. *Bioethics, 26*, 343–350. https://doi.org/10.1111/j.1467-8519.2012.01987.x.
Prainsack, Barbara, & Buyx, Alena (2016). Thinking ethical and regulatory frameworks in medicine from the perspective of solidarity on both sides of the Atlantic. *Theor Med Bioeth, 37*, 489–501. https://doi.org/10.1007/s11017-016-9390-8.
Prainsack, Barbara, & Buyx, Alena (2017). *Solidarity in Biomedicine and Beyond*. Cambridge: Cambridge University Press.
SolPan Consortium. (2021a). *Codebook "Solidarity in Times of a Pandemic"*. Available at SSRN: https://ssrn.com/abstract=3776127.
SolPan Consortium. (2021b). *Interview Guide "Solidarity in Times of a Pandemic"*. Available at SSRN: https://ssrn.com/abstract=3824361.
ter Meulen, R. (2017). *Solidarity and justice in health and social care*. Cambridge: Cambridge University Press.
Molm, L. D., Collett, J. L., & Schaefer, D. R. (2007). Building solidarity through generalized exchange: A theory of reciprocity. *American Journal of Sociology, 113*, 205–242.
Tong, A., Sainsbury, P., & Craig, J. (2007). Consolidated criteria for reporting qualitative research (COREQ): A 32-item checklist for interviews and focus groups. *International Journal for Quality in Health Care, 19*, 349–357.
Unzicker, K. (2020). *Gesellschaftlicher Zusammenhalt verbessert sich in der Corona-Krise*.
West-Oram, P. (2020). Solidarity is for other people: Identifying derelictions of solidarity in responses to COVID-19. *Journal of Medical Ethics*. medethics-2020-106522.
Wolf, L. J., Haddock, G., Manstead, A. S. R., & Maio, G. R. (2020). The importance of (shared) human values for containing the COVID-19 pandemic. *British Journal of Social Psychology, 59*, 618–627.
Yin, R. K. (2016). *Qualitative research from start to finish*. New York: Guilford Press.
Zimmermann, Bettina M., Fiske, Amelia, McLennan, Stuart, Sierawska, Anna, Hangel, Nora, & Buyx, Alena (2021). Motivations and limits for COVID-19 policy compliance in Germany and Switzerland. *Int J Health Policy Manag*. https://doi.org/10.34172/IJHPM.2021.30. In press.