The Case of Australia

Trust During Pandemic Uncertainty—A Qualitative Study of Midlife Women in South Australia

Paul R. Ward, Belinda Lunnay, Kristen Foley, Samantha B. Meyer, Jessica Thomas, Ian Olver, and Emma R. Miller

Abstract

Government responses to COVID-19 have dramatically altered the social quality of daily circumstances. Consequently, theoretical questions about social cohesion require recalibration as we explore new models of social quality. Central to this article is trust, one of the fundamental tenets of social cohesion. We present data from interviews with 40 women in midlife (45–64 years) regarding their everyday experiences of "life in lockdown" during the pandemic. Key themes focus on women's (dis)trust in individuals (e.g., politicians, public health experts, family, themselves) and systems (e.g., politics, medicine, the media). This study provides insights into the differential impact of the pandemic in shaping public trust and hence social cohesion—in authority, institutions, and "each other"—with important lessons for how future efforts can rebuild trust in post-pandemic times.

Keywords: Australia, COVID-19, midlife women, pandemic, social quality, social cohesion, trust

The purpose of this article is to explore how COVID-19 countermeasures and associated restrictions on "social life" have altered the nature of trust—in governments, the media, "experts," and the wider public—and to consider the implications for social quality post-pandemic. Our article responds to recent calls for social science research on the implications of the COVID-19 pandemic (Brown 2020; Ward 2020). Since the beginning of the pandemic, people in most countries around the world have witnessed numerous anti-lockdown marches, anti-COVID-19 vaccination rallies, and dissent voiced by various groups on social media. At this high-profile scale, such protests are clearly indicative of the distrust of specific social groups. This article focuses on (dis)trust at a more everyday level, which we do not see as mundane or unimportant. On the contrary, following Michael Jacobsen (2018), we argue that understanding everyday life (as opposed to the glamorous, exotic, or unique) is key to understanding the foundations of social life and indeed the social quality of daily circumstances.

Our data comes from a larger study using in-depth interviews with midlife women (aged 45–64 years) in South Australia (SA). While this study was not undertaken

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explicitly on the notion of trust during COVID-19 lockdowns, all women talked openly, and often without prompting, about how their trust had been impacted during lockdown. Focusing on women's considerations for trust during the uncertainty of COVID-19, our article represents a case study of an aspect of social quality during a global pandemic. In this article, we first describe the context of COVID-19 in SA at time of writing, draw together literature to consider intersections between trust, uncertainty, and social quality, and then use our data to explicate changes in and around trust linked to living in a pandemic and living under pandemic-associated measures of social control.

The structure of the article is as follows. First, we provide some key contextual information on COVID-19 and trust in governments in Australia. Given the breadth of articles in this special issue of IJSQ, this contextual information is key to understanding how women talked about their (dis)trust in institutions and individuals. The section on "trust in government" in Australia in pre-pandemic times provides important context for readers to interpret our data (i.e., the level of trust or distrust pre-pandemic needs to be taken into account when making sense of how women responded during COVID-19 lockdowns). We then go on to outline and elaborate our key research question, which also includes details of our conceptualization of trust and the explicit links between trust and social cohesion within social quality theory (SQT). We then outline our methods and data analysis, although more details on these can be found elsewhere (Lunnay et al. 2021). Following on from this, we provide detailed accounts of (dis)trust in individuals and institutions from the perspective of the women we interviewed. We then discuss our findings in relation to conceptual issues around trust and social cohesion and also how governments might try to rebuild and maintain trust during and after COVID-19.

Contextual Data on COVID-19 in Australia

Relative to the global experience, COVID-19 case numbers and deaths have been low in Australia. International borders were restricted early in the pandemic, initially to countries with significant local outbreaks—the first restriction applied to anyone arriving from the Chinese city of Wuhan, where the earliest cases in Australia had originated. As the epidemic escalated, the restriction got wider: by early February 2020, all Chinese nationals were blocked from entering Australia, and by 20 March 2020, following increasing case numbers, largely among foreign nationals and returning residents, Australia's borders were essentially closed. They remain so to this day (Duckett and Stobart 2020). Quarantining, border restrictions (jurisdictional and international), social distancing, and state- or nationwide lockdowns have been the mainstay of the Australian approach to the pandemic. These approaches and the good fortune of geography, combined with a number of large social and financial support initiatives, have helped to largely contain the spread of the virus in Australia

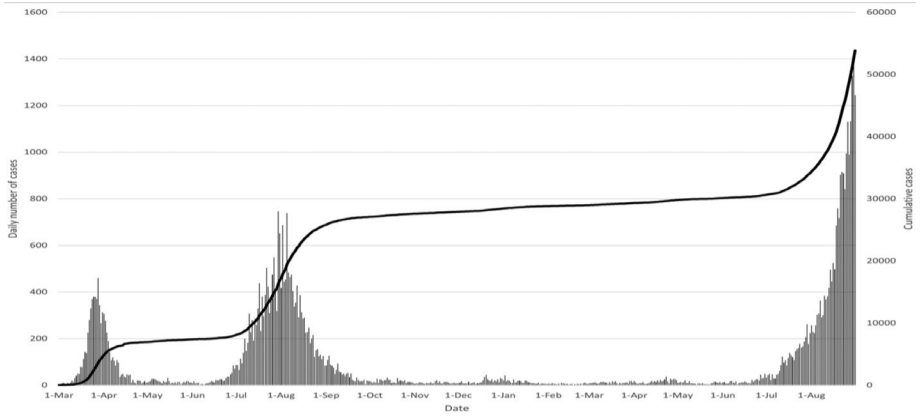

Figure 1. Daily and Cumulative Cases of COVID-19 in Australia: March 2020 to August 2021. (Sources: https://www.covid19data.com.au/; https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers)

and prevent local health systems from being overwhelmed (Australian Government Department of Health 2021). Despite the successful efforts described above, Australia has recorded a total of 53,856 cases to date across three main outbreaks, the second of which occurred in the single jurisdiction of Victoria. The third and largest outbreak is currently occurring in the most populous jurisdiction of New South Wales (Figure 1).

By time of writing, the total number of COVID-19-attributed deaths numbered 1,006 (Figure 2), providing a population COVID-specific mortality rate of 3.91 per 100, 000 over the pandemic. The global population COVID-specific mortality rate over the same period was 58.47 per 100,000.[1] The case fatality rate in Australia during this time was 1.87 percent, which was slightly lower than the global case fatality rate of 2.08 percent.[2] The much lower population COVID-specific mortality reflects the relatively low cumulative case numbers in Australia.

The vaccine rollout started relatively late in Australia (February 2021) and has relied heavily on the AstraZeneca (Vaxzevria) vaccine and the more recent mass introduction of the Pfizer/BioNtech mRNA vaccine (Evershed and Nicholas 2021), with the latter recommended for persons under 60 years of age (Australian Technical Advisory Group on Immunisation 2021). To date, nearly 20 million vaccinations have been administered, with 58 percent of the adult population having received at least one dose and 34 percent having been fully vaccinated to date (Australian Government Department of Health 2021).

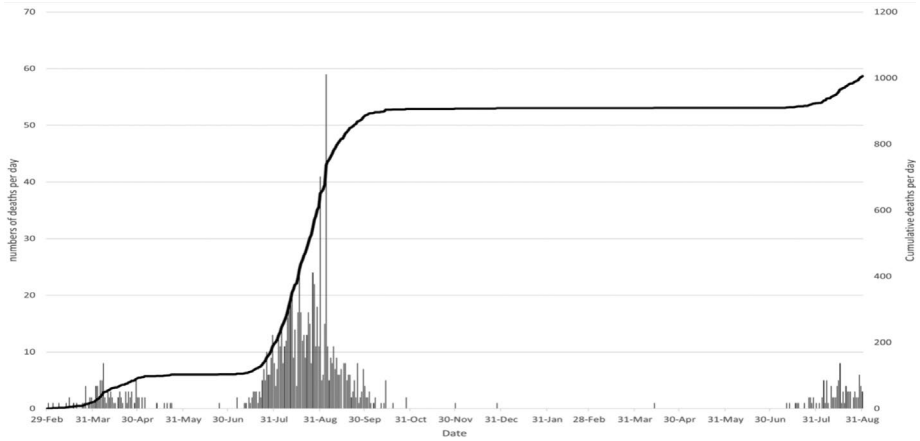

Figure 2. Daily and Cumulative Deaths due to COVID-19 in Australia: March 2020 to August 2021. (Sources: https://www.covid19data.com.au/; https://www.health.gov.au/news/health-alerts/novel-coronavirus-2019-ncov-health-alert/coronavirus-covid-19-current-situation-and-case-numbers)

Trust in Institutions in Australia pre- and during the COVID-19 pandemic

Australia has three levels of government, all with differing roles and levels of power—local, state, and federal. During COVID-19, the federal and state governments have exercised different processes and powers to try and optimally manage the transmission of COVID-19. This has led to different messages in the media and to federal and state politicians openly criticizing one another (Thomas et al. 2020). This is not the place for a political science analysis of federated states and the complicated and often confusing implications for members of the public (particularly in terms of "who" to trust), but it is the place to provide non-Australian readers with important information about the political context of the pandemic.

In a cross-sectional survey in Australia pre-COVID-19, public trust in all three levels of government was between 50–60 percent (60 percent for local, 51 percent for state, and 58 percent for federal), with distrust being between 40–60 percent (40 percent for local, 49 percent for state, and 42 percent for federal) (Meyer et al. 2012). Longitudinal community surveys of the Australian public (undertaken by Essential Research, which conducts regular surveys on social and political issues in Australia), has shown an increase in trust in all three levels of government between 2016 and 2020,[3] but higher levels of trust in a *particular* level of government was not demonstrable. The most recent survey, in April 2020 after the emergence of COVID-19 in Australia, showed a convergence of trust, with respondents reporting different and

changing "trust" in all three levels of government. This suggest a concurrence with Anthony Giddens (1990, 1991) that trust is no longer a "given" but needs to be consciously and constantly "worked on and won." Furthermore, the relatively low levels of trust in the government and media during COVID-19 shown in the survey are worrying, since it could mean that the public cannot be "trusted" to do the "right thing" and adhere to COVID-19 lockdown requirements. This provides important context for international readers, who live in countries where trust levels in government differ (Bangerter et al. 2012; Baum et al. 2009; Blair et al. 2017; Deurenberg-Yap et al. 2005; Freimuth et al. 2014; Hardin 1998; Henderson et al. 2020; Ward et al. 2015; Ward et al. 2016; Wong and Jensen 2020).

Elaboration of the Research Question

Trust is a central pillar in the architecture of social quality and, in particular, of social cohesion (Berman and Phillips 2012). This claim has been made numerous times by social quality scholars, and does not need to be rehearsed here (Beck et al. 2001; Bureekul and Thananithichot 2013; Chen and Shi 2013; Lin et al. 2009; Meyer et al. 2010; Vajirakachorn 2013; Walker and Van der Maesen 2004; Ward 2006a; 2006b; Ward and Meyer 2009; Ward et al. 2011). Trust has been variously defined and conceptualized elsewhere (Gambetta 1988; Gilson 2003, 2006; Gilson et al. 2005; Luhmann 1988; Misztal 1996, 2001; Möllering 2001). Our key research question is: why and in what context did women (dis)trust individuals and institutions during early stages of the COVID-19 pandemic in South Australia?

This question has both theoretical and policy relevance. On a theoretical level, we can further understand the "stability" of trust—a change in trust indicates the potential fragility of trust whereby the emotions raised (fear, anxiety, anger) during the pandemic may have changed women's trust in themselves, other individuals around them, and/or institutions such as government, science, and the media. Given the links between trust and social cohesion, we can also make an abductive leap that reductions in trust may infer an erosion of social cohesion (given that our data was collected during the early stages of the COVID-19 pandemic, it may be more of a "leap" than "logic" to make this claim, so we do so with hesitance). On a policy level, understanding the factors that lead to distrust (symbols of distrust) will be key in terms of trying to rebuild and maintain trust in and compliance with COVID-19 countermeasures.

Sociologists identify two types of trust: institutional trust and interpersonal trust, which are also seen as key factors shaping social cohesion and ultimately social quality (Berman and Phillips 2012). Interpersonal trust is regarded as an outcome of interpersonal interactions that people can learn in order to make decisions about future interactions (an individual uses past experiences of similar interactions to predict whether or not to trust someone in the future) (Giddens 1990; Luhmann 1979, 1988; Möllering 2006). Likewise, communities need to trust each other—we need to trust the pandemic

measures that others are taking (e.g., is take-out food prepared hygienically; are people sanitizing their hands; are parents following guidelines to reduce the potential for school-based transmission?). Institutional trust is "*the expected utility of institutions performing satisfactorily*" (Mishler and Rose 2001: 31). In terms of defining overall trust, we use the definition offered by Jack Barbalet: "*Trust is a means of overcoming the absence of evidence concerning the future behaviour of a partner or partners in cooperative activity*" (2011: 41). There are all sorts of uncertainties and contingencies built into the decision to trust (or not), and Barbalet argues that trust is ultimately based on cooperation—if we trust, we believe that the other person (or institution) will do their best for us, and we will cooperate in a social relationship on that basis. In premodern times, most people would base their behaviors on what people in power would tell them to do—they just "had to" trust them. However, in contemporary times, the essence of being a "good citizen" is to take on more responsibility for ourselves and our families, and in so doing to use the vast amount of information sources to make "informed" choices—and these choices are based on who or what we trust most. In the uncertain conditions of COVID-19, governments must obtain and maintain public trust to optimally respond to the pandemic by convincing citizens to do the "right thing" in terms of social distancing, lockdowns, and hygiene (Brown 2020; Ward 2020; Wong and Jensen 2020). These cultural and social shifts in our trust in authority and institutions—our questioning—also place an increased importance on trust within our social relationships as a mechanism for social cohesion (Berman and Phillips 2012).

Methods and Data Analysis

The data used within this article is from semistructured, open-ended interviews with forty South Australian women aged 45 to 64 years. More details on our methods and data analysis can be found elsewhere (Lunnay et al. 2021).

We interviewed each woman twice: the first interviews were conducted during 2018–2019 (pre-COVID-19), and then we specifically reinterviewed the same women in early to mid-2020 (during COVID-19) as COVID-19 emerged in SA. The data used here is mostly from the second set of interviews, since this was when women talked specifically about their trust considerations while living amid pandemic conditions. We also use some data from the pre-COVID-19 interviews to highlight shifts in trust considerations for particular women.

For diverse case sampling, study participants were purposively sampled by three self-reported characteristics: socioeconomic indicators (self-reported education and income), perceived level of alcohol consumption, and perceived risk of breast cancer. Though not statistically generalizable, our sample is a relatively representative sample of South Australian women in midlife experiencing various life circumstances including living arrangements (with/without others including children of varying ages), relationships, occupations, and social and cultural activities.

All interviews were undertaken by researchers KF and BL. The pre-COVID-19 interviews lasted approximately sixty minutes and occurred face to face in community centers, libraries, cafés, and women's homes. The interviews conducted during COVID-19 were shorter, on average thirty minutes (focused specifically on the impact of COVID-19 on daily living, and alcohol consumption in particular) and occurred via telephone or videoconference (i.e. FaceTime) due to social distancing rules. There were no compromises to rapport development, given this was established before COVID-19.

In the interviews conducted during COVID-19 (the focus of this article), we asked participants if and how social distancing changed the way they socialize and their feelings of connectedness with others. We asked about the impacts of social distancing on their alcohol consumption and whether their perceptions of risk and trust changed with the advent of COVID-19. While this study was not undertaken explicitly on the notion of trust during COVID-19 lockdowns, all women talked openly (often unprompted) about how their trust had been impacted during lockdown. All participants talked about their general views on government responses to COVID-19 and their (dis)trust in various institutions and the people involved in providing information and responding to the various pandemic countermeasures.

Interviews were audio-recorded, transcribed verbatim, and deidentified. Researcher impressions were recorded during and immediately after each interview. First, following transcription and checking for accuracy, all transcripts were analyzed *per time point* following a three-step progressive method of (1) precoding, (2) conceptual and thematic categorization, and (3) theoretical categorization, a process for synthesizing social theory within qualitative analysis (Meyer and Ward 2014). All transcripts were manually and inductively precoded. All transcripts were then imported to NVivo QSR (v12) data analysis software into labeled folders for each time point of data collection. In NVivo, a preliminary coding framework was developed based on precoding; the researcher's impressions that emerged from closely reading transcripts; team discussions about the concepts that emerged through interviews; and manually labeling ideas in participants' stories. Next, using a combination of inductive and deductive procedures, thinking codes were collapsed into broader categories and themes, creating a hierarchical coding framework and identifying linkages between the categories and concepts. At this stage, the research team co-coded a selection of the transcripts for reliability testing and to determine additional codes to be added to the preliminary coding framework. Four researchers (BL, PW, KF, JT) independently precoded six interviews (three "pairs" of interviews conducted before and during COVID-19) against the preliminary coding framework. The team then met to compare coding and subsequently revised the codes and modified the framework. The revised hierarchical coding framework guided coding of all transcripts (n=80). Finally, we organized the conceptual categories into theoretical groupings. This process aided explanatory rigor in our research findings of trust conditions/considerations during COVID-19.

The study had full ethical approval from the Flinders University Human Research Ethics Committee. Informed consent was sought before each interview commenced.

Results

Throughout this section, we provide data to evidence our key findings to do with trust conditions and considerations amid pandemic uncertainty: the challenges to trust in the face of a contradictor or too much information; dis/trust in governments and institutions; dis/trust in "others"; and notable changes in trust considerations resulting from the pandemic experience.

Challenges of Trust in the Face of a Contradictor or Too Much Information

An overriding theme related to the difficulty and complexity in "trusting" during the pandemic was the speed at which information was disseminated through various channels and the changing and sometimes contradictory information. In this way, "to trust or distrust" was neither a simple nor a static process—for example, Paula said:

> You get lots of different [people] and I just, you know, follow rules and follow authority and believe what the government tells me and go with that. And then you just go sometimes, "oh, well, maybe I am too structured to believe too much in what someone in authority does tell me." But I think that is, that's my nature really anyway, and that other stuff is really far-fetched. But when you have—I don't know, you just hear it from maybe some different sources and, yeah, you just kind of go well, "what is actually really going on?" And like I've said, there might be one thing that's true in like a whole twenty-minute video or they're so passionate and so, you know, taken in by it that you just kind of go, "well, am I just dismissing it without really thinking about it, or is it just really rubbish and that's what it is?" But in the end, after you get bombarded by a few different areas, I just kind of thought, no, it all is just stupid. (Paula, during COVID-19)

Paula's comments identify her confusion around whether to trust herself or others, and ultimately, who can or cannot be trusted. Her response speaks to feelings of being overwhelmed with both the amount and contradictory nature of information on COVID-19, which in her view is all "just stupid" (interpretable as "not trustworthy"). This response is similar to that of patients with heart disease who were "turned off" to the contradictory information (Meyer and Ward 2014), what Ulrich Beck (1992) referred to as "eschatological ecofatalism." This can also be seen in Donna's comments:

> And every day we get something different, we get another bulletin from the government, there's something new that you've got to keep . . . like it just drives me mad. All these emails, and you just, oh, "I'll read that later," but actually I stopped reading. (Donna, during COVID-19)

Julie questioned the extent to which searching for and reading/listening to additional information would help decision-making: "What good is it going to do for me to hear that?" (Julie, during COVID-19). Other participants expanded on the idea of "turning off", explaining how the masses of information led to a "deafening" experience and negative impacts on their mental health: "I'm getting tenser and tenser . . . I can only hear so much" (Irene, during COVID-19).

Trust in Governments and Other Institutions during COVID-19

Most participants discussed their general trust in governments (state and federal), with broad statements about governments "doing the right thing" and "doing their best." Describing how participants were responding to the government restrictions, the following comments present a generalized viewpoint:

> Governments are doing as much as they can and everybody's doing what they can and I'm quite happy with the measures everybody's got in place . . . [we] muddle through and see what we really believe and what we don't. Probably sticking more with the government stuff at the moment because although there is other bullshit stuff that goes on behind the scenes and everyone's got their different agenda and stuff and politics. I understand that, the fact that, the opposition and the government are on the same page. (Gillian, during COVID-19)

Gillian clearly understands that "other bullshit goes on behind the scenes," but her trust in the government response seems bolstered by the bilateral agreement between government and the opposition.

In addition to talking about (dis)trust in governments, participants also talked about other institutions involved in managing the COVID-19 response. There was a general trust in "experts" providing advice to governments, including the public health professionals who spoke at press conferences on the specifics of the virus (i.e., numbers of cases, numbers of deaths) and justifying the various public health measures. These experts were seen as having "epistemic authority" (Lewis 2007; Zagzebski 2012)—a trusted form of knowledge whereby the individual (e.g., public health officer) has legitimate knowledge and little to gain, and is therefore more likely to be trusted. For example:

> They're the experts. I'm not the expert. You get all these idiots—sorry. I shouldn't call them idiots, but seriously on social media and in Michigan where they're protesting, you know, 50,000 of them gathered to protest about the lockdown and, it's like, these are the medical experts [who] have said this is what we need to do. We damn well need to do it. And they have just made that situation so much worse and I don't understand that . . . I didn't have to wait for it to go to red and then go to a travel ban. It was just like, "no, you're the experts and I trust that." (Rebecca, during COVID-19)

Distrust in Governments and Other Institutions during COVID-19

Across our interviews, generalized trust in governments varied. Some participants questioned the motives of governments in similar ways to those who believed the many conspiracy theories on social media linked to the so-called "Plandemic." For example, Irene sided with conspiracy theorists, suggesting that the current pandemic countermeasures were a slippery slope to future legal changes and more overt forms of political control:

> What laws are they going to change through this? 9/11: what laws did they change? Are they going to change laws, and we come out of this, and we're going to have some other sneaky little restriction? . . . They tightened the noose; I think it's about control . . . I think they're out to scare us all. I think that something else is going on because I think they want a cashless society. Because I don't think they want us to be able to actually see money and what's being done with money. . . . There's all sorts of fucking corruption going on. (Irene, during COVID-19)

Irene also extended her distrust in governments to include the pharmaceutical industry, a sentiment echoed by several participants who also had a generalized distrust of politicians, science, and the media. This anti-science sentiment has been identified elsewhere (Attwell et al. 2017; Attwell et al. 2018; Ward et al. 2017a; Ward et al. 2017b) and will likely gain increasing social media presence as COVID-19 vaccinations come closer to reality:

> Oh yeah I'm not getting the vaccination. That's the other thing. If they bring out a vaccination, I'm not getting a vaccination. I'm not. I've done some research. I'm not. I don't trust the big pharmaceuticals at all. (Irene, during COVID-19)

In the comments below, Jerry also talked about conspiracy theories, but rather than buying into them she considered the messiness of decision-making. Like others, Jerry acknowledged that governments are "not going to tell you anything" and indeed "don't want you to know," suggesting an implicit distrust in government motivations. She explained the various factors at play affecting trust, including a "new world order" and "microchips," and the manifesting of anxious thoughts. This excerpt is a wonderful exposé of the complexity and emotional labor involved in trust considerations during COVID-19:

> When I see people put "everybody stay at home," it's like, I feel like whatever the government is trying to do is working, because no one really knows the truth . . . like I said to someone the other day, "the government (or anybody) is only ever going to tell you what they want you to know; they're not going to tell you anything they don't want you to know, and then people will believe whatever they're told" . . . Well at first, I thought, "you know, either they're trying to do a new world order and they're going to inject us with microchips," and then it was bit farfetched and I thought, "well what am I going to do to protect myself?" I need to—

> what can I do, you know? And then I thought I was overthinking it, and at one point when it first started I was getting [name of child] ready for school, I think the Wednesday before the last day of school, and I had a bit of an anxiety thing where I was just very emotional and walking in circles, like chasing my tail like a dog, you know. (Jerry, during COVID-19)

In terms of deciding to (dis)trust governments or other institutions during the pandemic, the ways our Australian sample drew on international examples (particularly the United States) evidences the global diaspora on trust conditions and considerations. COVID-19 brings to the fore the collisions between globality and trust, as the vectors of disease, (mis)information, and approaches to social restrictions or economic issues that arise from one local context are intricately interspersed with (re)actions across the world. This brings an awareness of more untenable situations in Giddens's "pragmatic acceptance"—where reflexive citizens are "forced" to trust amid their current circumstances—by virtue of having ready access to information, streamed from around the globe, of how COVID-19 is being handled. The consequence of this is "dead ends" in the public consciousness as to how the situation could otherwise be handled, therefore increasing the likelihood of trust in the response of government and related institutions. In Australia, it seems that COVID-19 has been handled relatively well—evidenced by low case and death rates—yet this could also engender more permissiveness around government regulation of pandemic events. Several participants reflected that they felt "stuck" in the COVID-19 "situation" and needed to "turn off" information streams, relinquishing expectations they had of themselves as reflexive modern subjects in a truly global pandemic.

Distrust in "Others" during COVID-19

The COVID-19 lockdown measures arouse "personal responsibility," and indeed the success of public health measures in general rely on people "doing the right thing." However, there was a general sense that "others" (not defined, just people other than the participants) were not necessarily doing the "right thing" and in so doing risked derailing efforts to "flatten the curve" and reduce the duration of lockdowns. For example:

> Some people are still ignorant of the fact that this is how we have to behave to "stop the spread." I get frustrated at people who are not observing the rules. (Tamara, during COVID-19)

Observing noncompliance with social distancing impacted Julie by eroding trust in others. She spoke about fearing that someone at the shops could transmit COVID-19:

> When we go out to the shops and that, like, social distancing, I get the fears, a big thing in a way for me, because I really—like, I'm not one to get anxious over anything at the shop, but like not knowing if other people are—like, you don't know who's a carrier of the germ or not, and I am forced to have to go to the shop. (Julie, during COVID-19)

Here, we see how the pandemic context shaped interpersonal trust between members of the public, and the potential impact it had on social cohesion. Julie, above, discusses the anxiety now associated with everyday tasks now carrying the potential for viral transmission and the increased need to trust others. Pre-COVID-19, our distrust in a stranger at the shops might result from an assessment of an obvious apparent risk—for example, the risk of a fellow citizen who carries a weapon, or drives carelessly, or acts aggressively. Comparatively, COVID-19 risk is less known, we have little certainty or control over whether someone limits their socialization, washes their hands, or is an asymptomatic carrier. The pandemic has brought to the fore our need to trust others in the absence of information upon which to base our decision to trust—ergo the default may be distrust over trust. Our data speaks to Michael Calnan and colleagues' (2020) notion of the "public's trust in itself" as shaping communal or social trust relations during the pandemic—with implications for social quality.

Changes in Trust / Reinforced Distrust between Pre- and During-COVID-19 Interviews

Pre-COVID-19, Jerry talked about her search for information and her consideration of risks including her view on which sources of information she found trustworthy:

> Well, even just being told it will make me think. Because, like I say, you can have proof, but there could be something else. (Jerry, pre-COVID-19)

Jerry talked much more during COVID-19 about how she was "switched off" from searching for information, partly due to the various untrustworthy sources of information:

> There's so many different stories going on and conspiracy theories, and I'm sort of latching onto things because we want to find some truth in all of this. You know, is it really just the COVID-19 or are they plotting a new world order . . . a lot of the conspiracy theories, and then you see the news and the news gets conflicting because they show you news from New South Wales and we're in South Australia, and then people start going on about being 1.5 [m] apart and then people are dobbing people in, and I don't know whether, you know, who knows what's going on? This is my thing, like here's people who are dying of COVID-19, but is it really as big of a pandemic as they are saying? See people die of the cold; there's other statistics that people die of things all of [the] time, committing suicide, and it's not put out there. But I suppose because this is so contagious, that's where the bigger picture comes in, because it can be spread from person to person. But, yeah, I think I feel like if I just turn it all off, I'll find out sooner or later what's going on, and I'll just keep, not that I'm not informed, but I don't watch every single thing like I was. (Jerry, during COVID-19)

Rather than changing her views, the COVID-19 restrictions reinforced Irene's distrust in government. Before COVID-19, Irene questioned the validity of government mes-

saging about the links between alcohol and breast cancer, suggesting the government wants to remove alcohol from people's ("insufferable") lives to make them "suffer more" (i.e., a hard life made harder without alcohol). During COVID-19, Irene expressed continued distrust in government motivations:

> It's preventing them from living the way they want to live. There you go. That's what COVID-19's doing. It's literally—they use the word restrictions—they're putting restrictions not just on distancing but on your routine. (Irene, during COVID-19)

Others have questioned whether the pandemic provides opportunity for the development of trust in government (Henderson et al. 2020). Though somewhat limited, our data suggests that the government pandemic response did nothing to *restore* trust for individuals who already distrusted it. The question remains as to whether a pandemic provides the opportunity for the development, maintenance, or enhancement of trust; or for reducing existing public trust.

Discussion

Much has been written to date on the changing nature of trust during the pandemic—as citizens have been called upon to trust the numbers (public health reporting and data); the public (to do the "right" thing and follow recommended countermeasures); science and technologies (to mitigate viral spread and at the moment, the individuals responsible for the procurement and testing of vaccines); and the government response. The COVID-19 pandemic has brought "trust" to center stage in ways that differ considerably to previous pandemics such as the 1918 Spanish flu. Novel in relation to trust amid COVID-19 is the centrality of the trustworthy citizen, in addition to the trustworthy experts (e.g., government and scientists). Both government and the public need to engage in a trust exchange for the pandemic to be optimally managed. The current climate of trust—that it cannot be assumed—is notable in government communication throughout the pandemic with many and various (often daily) government briefings and livestreamed press conferences (Facebook Live announcements and Twitter feeds): while these are focused on providing information, they also respond to a broad democratic need to involve the public and encourage compliance. Individuals have a "moral imperative" to search for information (Google and Facebook seem well used) to decide to trust (or not), potentially utilizing "experts" (doctors, public health professionals, politicians) as one of a myriad of information sources available. Individuals are not only dealing with the fear and risks of contracting the virus and its implications for the health of themselves and their families, they must also act as "empowered citizens" working out who/what to trust and justify those decisions to themselves and others.

One of the first hallmarks of trust is its embeddedness in social cohesion and how trust can either make or break (or at least erode) such cohesion. It has been argued

that trust is both the glue that solidifies social cohesion (Berman and Phillips 2012; Ward et al. 2011) and the lubricant that helps social relationships, and hence social cohesion, to flourish (Möllering 2001, 2006). Most of social life could not happen without trust—as humans, we cannot personally perform every function ourselves, and therefore we need other humans to perform those functions for us. People doing the "right things" during COVID-19 lockdowns may require trust in the government in democratic societies. The problem with cooperation between humans (or between governments and citizens) is that neither party can really control each other's actions, thereby requiring this "leap of faith" in the form of trust. This is akin to an emotional dependence on others (Luhmann 1979).

Obviously, a problem occurs if there is a breakdown of trust. In addition to dissent on social media, we have seen numerous marches and rallies in various parts of the world, with people arguing against particular government decisions, including lockdowns, the rollout of COVID-19 vaccines, and imploring the public to use facemasks. In recent months, we have seen strict "lockdowns" in Sydney and Melbourne, whereby it is illegal to leave your home without a good reason (e.g., to get medical supplies or food, to go to work if an essential worker), although we have also seen organized "freedom marches" against the very same lockdowns (which are, by definition, illegal; protesters were fined and, in some cases, imprisoned). This "dissent" is a hallmark of distrust and provides evidence for overwhelming distrust in government in some groups. Our article explores the ways in which participants in our study talked about their (dis)trust of people and institutions before and during the pandemic.

During the pandemic, with all its uncertainty, women's considerations for trust in our study pivoted on trust in political systems and specifically the Australian government (and various sources of information) and trust in others to comply with COVID-19 countermeasures—that is, the conditions on which they formed their decisions to "trust." Our study showed that trust during the pandemic had implications for social quality in terms of social cohesion relevant to remedying the situation post-pandemic. We note that trust in the public changed, but also that the pandemic amplified preexisting distrust in government—potentially providing the "conditions" for a further loss of trust in government. Indeed, our study findings suggest that inconsistency in information bred uncertainty and eroded already insubstantial trust in the government. However, what seems to remain, which is optimistic for social cohesion and perhaps a pathway toward restoration post-pandemic, is a steadfast trust in the government (almost as a default position). This was pronounced when participants looked beyond SA to different Australian state-based and broader global pandemic outcomes relative to differing national and international government responses. Our study showed that implicit trust, founded on "epistemic authority" (not necessarily trust in the individual), spliced with the bipartisan approach taken to address COVID-19, instilled trust in the government more broadly. In the absence of certainty, implicit trust in government resulted in faith that a good outcome would eventuate.

Trust also seemed to occur in circumstances of personal vulnerability, and, while generalized distrust in systems was possible, compliance with public health advice stemmed from powerlessness to choose otherwise. Increased public questioning caused existential anxiety, compromising trust in systems. Trust in systems was possible without trust in individual political leaders due to suspicion about their motives. Alongside this sat a distrust of the government based on instinct and suspicion or questioning of political responses due to sheer uncertainty and disbelief. Much of this distrust may have drawn on prior distrust of politicians during the Australian bushfires in late 2019 and early 2020. Whereas trust had been gradually emaciated in politicians and doctors in the world pre-COVID-19, in the COVID-19 crisis we have seen a new hierarchy of trust in medical experts over politicians and over medical conspiracy theorists (like celebrity chefs and sporting heroes) promulgated through "fake news" (although we have witnessed an increasing use of unproven "therapies" for COVID-19, symbolizing distrust in therapies and vaccinations shown to be effective by medical scientists and regulated by governments).

In pre-COVID-19 times, the internet and social media platforms were already a minefield of information and a battleground for competing "truths," requiring decisions about who or what to trust. However, during COVID-19 we have witnessed an explosion in the rapid spread of (mis)information on social media (Allington et al. 2020)—and an enlarged battleground for truth—leading to increased risk of depression and anxiety (Gao et al. 2020). This so-called "infodemic" has led to calls for stricter regulations on "fake news" to help the public with trust considerations (Hua and Shaw 2020). Participants in our study talked at length about the validity of the multitude of information sources around COVID-19, and the confusion and complications that ensued for them. The spread of "fake news" or misinformation compromised trust in government and scientific information for some participants, and for others it at least questioned who and/or what to trust, sometimes leading to participants "turning off" to COVID-19 news. Distrust arose through confusion, and for some this was considered a form of manipulation or exploitation that compromised trust in overall political systems.

Trust in traditional information sources reinforced a tendency to conform to advice, because it was based on "orthodox science," which in turn was generally accepted. This, to some extent, might reflect public trust in the educational institutions that graduate scientists and the institutions that now employ them. In this way, "trust the government" is redundant because there is trust in the source of knowledge that is the basis of government decision-making and/or trust in the self to be discerning of the information on which government advice rests. The epistemic authority afforded to scientific experts may therefore make COVID-19 press conferences more "trustworthy." In SA, COVID-19 press conferences commence with the Premier making broad statements, but the details are then provided by the Chief Public Health Officer (the scientific expert in this case) who, in the mind of the public, may have little or no political points to score, but is simply there as a conduit of public health, medical, and

scientific information. A logic of trust in experts because of their status was evident in the during-COVID-19 interviews, where trust in the expert was linked to trust in the system, its political responses, and its public health messages (in this way, experts are "access points"): it was not a kind of blind trust resulting in the validity of information. However, implicit trust based on "expert" status for some was coupled with self-trust to choose friends who were also experts and therefore deemed trustworthy, or to display distrust in medical experts in preference of trust in the self (a logic of "how would they know more about me than I know about me?").

Trust is a judgment, not a decision based solely on facts. We gather the information we need (often based on the risk involved in deciding to trust someone or something) and then use that information as our guide—but it is not fail-safe. Neither is it based on "full" information, mainly because we are often required to trust preemptively. Trust is also based on an expectation about the future—if you trust people with/out COVID-19, the media, and the government to play their part and manage a pandemic response, you expect them to do it appropriately and effectively, with legitimacy, transparency, and integrity (Henderson et al. 2020). Our article is based on data from mid-2020—only time will tell how (dis)trust twists and turns as we continue through the pandemic.

Paul R. Ward is Professor of Public Health at Flinders University in Australia. Paul is a social scientist by training and has a particular interest in applying sociological theories of trust to public health problems. Email: paul.ward@flinders.edu.au

Belinda Lunnay is Research Associate within Public Health at Flinders University in Australia. She is a qualitative researcher with expertise in understanding health inequity using social class theory. Email: belinda.lunnay@flinders.edu.au

Kristen Foley is a PhD Candidate at Flinders University in Australia. She is an Occupational Scientist by training and uses diverse qualitative methodologies to study contemporary issues in society that affect human activity and flourishing.
Email: kristen.foley@flinders.edu.au

Samantha B. Meyer is an Associate Professor at the University of Waterloo, School of Public Health Sciences, Canada. She is an applied social scientist with an interest in the social phenomena shaping the acceptance of health information and the use of preventative health services. Email: samantha.meyer@uwaterloo.ca

Jessica Thomas is a Public Health Professional and a PhD Researcher at Flinders University in Australia. Jessica focuses on working with populations to undertake research with real-world impact. Email: jessica.thomas@flinders.edu.au

Ian Olver is a Professorial Research Fellow in the School of Psychology, Faculty of Health and Medical Sciences at the University of Adelaide in Australia. By training, Ian is a medical oncologist and bioethicist, and has a focus on research in supportive care in cancer.
Email: ian.olver@adelaide.edu.au

Emma R. Miller is a Public Health Epidemiologist at Flinders University in Australia. She has a long history of research in the area of alcohol and cancer, with a particular focus on alcohol-related breast cancer risk in midlife women.
Email: emma.miller@flinders.edu.au

Notes

1. Calculated from World Health Organization's Coronavirus Disease (COVID-19) Dashboard: https://covid19.who.int/; and the United States Census Bureau's International Database: https://www.census.gov/data-tools/demo/idb/#/country?YR_ANIM=2020&COUNTRY_YEAR=2020.
2. Calculated from data provided by Worldometers.info: https://www.worldometers.info/coronavirus/?fbclid=IwAR1Pl04vvppWpQTWMdsQVqn_rcBNjn_24x47pSul4RtUVCOkPMlnBcolFqM.
3. Data available at https://essentialvision.com.au/category/essentialreport.

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