

What Drives Support for Social Distancing? Pandemic Politics, Securitisation and Crisis Management in Britain

Abstract

Support for social distancing measures was, globally, high at the early stages of the COVID-19 pandemic but increasingly came under pressure. Focusing on the UK, this article provides a rigorous and holistic exploration of the drivers of public support for social distancing at their formative stage, via mixed-methods. Synthesising insights from crisis management and securitisation theory, thematic analysis is employed to map the main frames promoted by the government and other actors on the nature/severity, blame/responsibility and appropriate response to the pandemic. The impact of these on public attitudes is examined via a series of regression analyses, drawing on a representative survey of the UK population (n = 2,100). Findings challenge the prevailing understanding that support for measures is driven by personal health considerations, socio-economic circumstances and political influences. Instead, framing dynamics, which the government is best positioned to dominate, have the greatest impact on driving public attitudes.

Keywords

COVID-19; crisis management; public attitudes; political behaviour; securitisation

Introduction

Following the World Health Organisation's (WHO) declaration of a global health emergency on January 30th 2020, upgraded to a 'pandemic' on 11th March (WHO, 2020), governments across the world implemented social distancing measures to delay the spread of the virus. Such measures are considered the cornerstone of public health interventions for addressing widespread disease transmission (Kass, 2001), and for containing COVID-19 in particular (Matrajt and Leung, 2020). Most governments experienced a high degree of public trust and acceptance at the start of the crisis but continued acceptance of lockdown measures has increasingly come under pressure in many countries (Boin et al., 2020). Epidemiologists would attribute this to the 'prevention paradox', whereby measures that have a major impact on public health are difficult to implement if individuals perceive a low probability of being affected by the disease (Rose, 1985). This paradox has urgent practical and political dimensions, since measures that limit civil liberties, democratic rights and economic activities may face strong public opposition over time, potentially fuelled by conspiracy theories and populist mobilisations. This article provides a rigorous and holistic analysis of the drivers of public support for social distancing, a question of urgent comparative importance, drawing on empirical data collected at the start of the crisis, which provide a relatively clean 'laboratory setting' to study political behaviour and attitudes, at their formative stage.

Although current research indicates that support for social distancing is influenced by multiple factors, studies have yet to consider the interplay between these influences to determine their relative explanatory power. Early empirical studies focussed on health-related variables and demographic characteristics to account for behavioural differences between social groups, noting decreased compliance among people with low educational attainment and health literacy (Wolf et al., 2020), among members of racial/ethnic minorities (Van Scoy et al., 2020), and among men and those experiencing health or economic vulnerability (Lancet, 2020). The role of context to account for individual attitudes and behaviours is also highlighted implicitly by Lennon et al (2020), who found 'marked regional differences in intent to follow key public health recommendations'. Socio-political factors have been shown to be important for explaining regional variation, with higher levels of compliance, for example, reported in the USA among residents in Democratic counties, compared to Republican ones (Painter and Qiu, 2020). More broadly, trust in institutions, ideology and partisanship have consistently been found to influence public attitudes during the pandemic (Allcott et al., 2020; Barrios and Hochberg, 2020).

One specific area that has, so far, received surprisingly little attention concerns the effect of political cues on public attitudes, which in previous crises was shown to drive support for exceptional and unprecedented measures, controlling for socio-economic and political factors (e.g. Karyotis and Rüdiger, 2015). After all, persuasion, short of pure coercion, 'is the most direct way to mobilise or paralyse a group' (Cruz, 2000, 275) and is appropriately considered 'the main currency of crisis management' (t Hart and Tindall, 2009, 23). The ability of political elites to use language to set the parameters for audiences to interpret, categorise and evaluate complex or unexpected developments, such as the pandemic, is amplified at times of crises (Benford and Snow, 2000). Crises generate fast and

contradictory information, which form competing frames concerning its nature and severity, the responsibility for its occurrence or escalation, and the appropriate response and sacrifices it requires to curtail its development, so framing, around these exact dimensions, takes central stage (Entman, 1993; Boin et al., 2009). Simonov et al. (2020) demonstrated that exposure to Fox News coverage predicts opposition to social distancing, which is suggestive of an effect of differential messaging by politicians, yet more systematic efforts are required to connect the attitudes of citizens with the messages of their leaders during a crisis.

The article seeks to address these gaps, by synthesising insights from crisis management, political behaviour and securitisation literatures, and utilising Britain, as an 'extreme case-study'. Extreme case-studies correspond to a case that is considered to be prototypical or paradigmatic of a broader process or development. The focus on a case that lies far away from the mean of a given distribution facilitates exploratory analysis that may disconfirm or confirm a prevalent understanding (see Seawright and Gerring, 2008). The lacklustre response of the United Kingdom (UK) government at the start of the pandemic, when nearly all countries in the world had taken decisive measures to contain the spread of the virus, provides an ideal setting. This allows us to empirically test the prevalent understanding in the emerging literature on COVID-19, and public debates, that support for social distancing is largely dependent on personal circumstances, health and economic vulnerabilities, demographic characteristics and political factors, such as ideology and trust. Through a series of regression analyses, we explore the explanatory power of corresponding models, while also contrasting them to models that are explicitly drawn from the crisis management literature and, specifically, the key framing contests in the UK about the nature, severity, responsibility and appropriate response to the pandemic.

To analyse the drivers of support for social distancing, the article employs mixed methods. First, thematic analysis of public discourse is employed to map how the main frames that crisis management theory draws attention to were represented in public debates during the first month of the UK lockdown, and by whom. Second, to assess the extent to which these key frames had an impact on public attitudes, we analyse original and pertinent survey evidence of a representative sample of the UK population (n=2,100), administered online between 10 and 15 April 2020. This was shortly after the initial implementation of social distancing measures but prior to the subsequent politicisation around the government's crisis management performance. We begin the analysis by engaging with theoretical debates about the role of framing in crisis management and security studies, and their implications for pandemic politics, before introducing our data and methods. Next, framing contests in the UK on the nature, severity, blame attribution and the role of science are matched with public attitudes along the same dimensions, showing a remarkable degree of alignment, in most cases. Our analysis of unique and pertinent survey data in the final section demonstrates that the variables inspired by the crisis management and securitisation literatures produce, by far, the strongest model to explain support, or opposition, for social distancing in the UK in comparison to models that rely on health, economic, and political variables. This challenges the prevailing understanding on what drives public attitudes and has significant theoretical and empirical implications, which are discussed in the conclusion.

Crisis Management, Securitisation Theory and Pandemic Politics

The role of elite framing and language as drivers of public attitudes is emphasised by both crisis management theory and securitisation research, among others. From a crisis management perspective, crises can be understood as the combined products of sudden events and social perceptions, largely defined by the dominant narratives surrounding them (Rosenthal et al., 1989). In highly polarised contexts, this produces greater competition between political actors, attempting to either 'contain or exploit crisis-induced opportunity space for political posturing and policy change' (t Hart and Tindall, 2009, 23). From a social constructivist understanding of security (Buzan et al., 1998), elites – usually political leaders – employ the rhetoric of 'existential threat' in order to mobilise support for the implementation of 'extraordinary' measures, with the consent of a specific audience – usually the general public (Williams, 1998, 435). Henceforth, convincing an empowering audience that a 'referent object' they value is facing an existential threat provides authorities with a green light to legitimise exceptional emergency measures, beyond 'normal politics', a process known as 'securitisation' (Buzan et al, 1998).

From both perspectives, political elites are assumed to be the protagonists of crisis management and, by virtue of their position and/or expertise, the dominant actors in producing 'legitimate' security discourses. Governments have no choice in times of crisis but to 'attempt to reduce public and political uncertainty and inspire confidence in crisis leaders by formulating and imposing a convincing narrative' (Boin et al., 2016, 79). Elites manipulate, strategise and fight to have their frame accepted as the dominant narrative (Brändström and Kuipers, 2003). Therefore, frames are typically in direct competition with one another, while also constrained by 'pre-existing meaning structures or schemas' that apply to a particular context (Scheufele, 1999, 105). Successful framing 'occurs when in the course of describing a campaign, issue, problem, or event, a speaker's emphasis on a subset of potentially relevant considerations causes individuals to focus on those considerations when constructing their opinions' (Druckman, 2001, 1042). Making some aspects of a crisis more salient in discourse promotes a particular causal interpretation, moral evaluation, and treatment/recommendation (Entman, 1993, 52). The implication is that when it comes to the politics of crisis and security, perceptions matter more than the objective reality, with political elites typically assumed to be the main actors that shape public attitudes and behaviours from the top down.

However, in the context of the COVID-19 pandemic, there are two main reasons why this may not necessarily apply. First, prior research has shown that with regards to health issues, domestic and international health experts play an equally, if not more important role than domestic political elites in facilitating support for extraordinary public health interventions (Davies, 2008; Curley and Herington, 2011; Bengtsson and Rhinard, 2019;). Second, in the face of a global threat, the public may come to appreciate its severity through a multitude of sources and, accordingly, pressure their governments to act. Indeed, infectious disease outbreaks are characteristic of a global challenge that impacts upon populations, irrespective of the political borders that surround them, with the timing of response being of the essence (Curley and Herington, 2011). In protracted crises, similarly to protracted conflicts (see Adamides, 2020), securitisation processes are not expected to be limited to the mainstream top-down path, but may also follow a horizontal

and even bottom-up trajectory, particularly as the salience of the threat raises and counter-measures are adopted internationally. Overall, and drawing on the extant literature, it is possible to identify, inductively, four main battlegrounds in crisis-induced framing contests. Two of them 'diagnostic', concerned with how a problem is represented, and two are 'prognostic', concerned with the articulation of concrete solutions to the problem (Benford and Snow, 2000).

The first contest is about the *severity and nature of the crisis*. Global health issues are by no means new, however their salience only increased after the end of the Cold War, which had orientated security agendas solely around external military threats from other states (Walt, 1991). Since the 1990s, states, particularly in the West, and international organisations like the WHO, increased their efforts to define infectious diseases as an urgent security threat that necessitates the design of new rules and behaviours for their successful containment (Davies, 2008). Health experts, economists, defence strategists, academics, entrepreneurs and politicians sounded the alarm about the dire potential consequences on health, economic, defence and national security infrastructures if governments failed to prepare adequately for an outbreak. For example, the WHO (2005) referred to the inescapability of a deadly pandemic influenza that could kill anywhere between 2 and 12 million people globally. Other actors and agents used war-like metaphors to stress the severity and multifaceted nature of natural or manufactured deadly pathogens (Sanders and Chopra, 2003). Econometric models and forecasts, such as the one issued by the Australian Treasury amid the 'avian flu' epidemic, which predicted that an outbreak of pandemic influenza could cause a 'recession about half the size of the Great Depression' (Hartcher and Garnaut, 2006), were also used to highlight the potential magnitude of such a threat. However, typically, domestic contextual factors and electoral calculations determine whether and when political elites will downplay or emphasise how serious a threat is and how it should be principally understood (Boin et al., 2009).

During the COVID-19 pandemic, some governments, notably the British, delayed framing the virus as an existential threat and introducing emergency measures, which may have contributed to the UK having the highest death count in Europe. According to securitisation theory, however, the objective severity of a threat measured, for example, in terms of casualties, is not important; what matters is perceived severity (Buzan et al., 1998). While it may be 'equally important ... for the frames to be based on an accepted empirically valid reality', a multi-faceted crisis provides opportunities for elite actors to draw attention to a sub-set of considerations and set the parameters within which the severity and nature of a threat is interpreted by the public. Evidence from Italy by Briscese et al (2020) indicates that the management of public expectations, through effective communication mechanisms, is a predictor of support for social distancing measures, more so than objective markers, such as the duration of lockdowns. Similarly, in the UK case, we would expect that the actual number of deaths does not influence public attitudes. Furthermore, the all-encompassing nature of a pandemic provides options for elite actors to draw differential attention not only to its immediate public health implications but also to its economic, social and political repercussions. The 'referent object' that needs to be protected is not fixed or predetermined, according to securitisation theory, but socially constructed and projected in discourses, which invoke the urgency for decisive action to ensure the survival of individual lives, socio-political values/identities and/or important

state institutions and interests (Buzan et al., 1998). During the pandemic, human lives are the obvious referent object in a global health crisis, but the crisis could also be represented as a threat to other things that are valued in a specific national context - such as economic and political values, social identities, or important structures and institutions. Framing dynamics around the nature and severity of the pandemic crisis, we would expect, influence public understandings and behaviours in ways that have not been previously studied empirically.

The second contest involves *blame attribution* dynamics – efforts to avoid culpability and manoeuvrings to allocate responsibility (Hood, 2002; Kuipers and Brändström, 2020). This contest may not only make or break the viability of implemented policies, but also the political fortunes of incumbent leaders ('t Hart & Tindall, 2009, p. 28). While government elites have an electoral self-interest in avoiding being held accountable for negative developments, we would expect that this would also likely undermine public support for crisis measures. To prevent this, it is common for governments to adopt an exogenous frame, whereby the reasons for the emergence of a crisis, or its escalation, are portrayed as beyond their control in order to deflect blame and attention away from any policy mishaps ('t Hart and Tindall, 2009, 28-29). This can be done through defensive narratives, like disqualifying critics, accusing the accusers, or diverting the blame to others (Bovens, 1999). However, it may also be achieved through positive messages about the need for individuals to take action for the 'greater good'. We would expect those with perceived declining probabilities of contracting COVID-19 to be less likely to support social distancing measures, as this is a feature of not only the 'prevention paradox' (Rose, 1985) but also the 'collective action problem' (Olson, 1965). Yet, even individuals who might not be concerned about their personal health vulnerability would be likely to support measures, if they were instilled, through successful framing, with positive incentives to contribute to a 'public good'.

The third contest is about *remedies and trade-offs* – competing frames about how to respond to a crisis, and at what cost. Securitisation research shows that once an issue has been established as an existential threat, then extraordinary measures can be legitimised, even at the cost of sacrificing other values (Buzan et al., 1998). Lessons from the Great Recession provide a preliminary blueprint on the key frames that typically compete during a crisis (Boin, 't Hart and McConnell, 2009; Karyotis and Rüdiger, 2015). From these, the most potent framing strategy to mobilise public support for social distancing measures as the appropriate remedy at the start of the crisis is likely to be the notion that 'There Is No Alternative' (TINA), at least until a vaccine becomes available. Framing the crisis as an opportunity may help energise public understandings to embrace the measures, in the expectation that this would serve higher-order objectives and values, ultimately emerging stronger from the crisis. The opposite effect is achieved by fatalistic frames, such as that 'nothing can be done' to stop the spread of COVID-19, thus de-incentivising public support and compliance with measures. Frames about the fairness of the measures may also target the government, which could indirectly impact on public support. While this list of key prognostic frames is by no means exhaustive, they have been most salient in previous crises. Therefore, we can expect that people who embrace the TINA and 'crisis as opportunity' frames would support social distancing, while those embracing the fatalist and fairness frames would oppose it. The multifaceted nature of the

crisis also allows for 'counter-securitisation' frames to develop around perceived trade-offs, whereby the response to the pandemic (e.g. social distancing) is presented as a greater threat to other referent objects, such as liberties or economic growth, than the virus itself (Paterson and Karyotis, 2020).

Cutting across these framing contests is a fourth contest about the *role of science and scientific experts*. This is a rather novel and emerging dimension in crisis management but not a surprising one given that previous research on health security found that health experts are often more influential than politicians in shaping understandings (as discussed above). In a fast-moving and confusing context, it is essential that governments draw on the latest scientific evidence to inform debates about the severity and nature of a threat, but also, crucially, to determine appropriate diagnostics and treatments (Berling, 2011). During the pandemic, this was celebrated as 'a welcome return of scientific expertise to the heart of government', since governments need scientific evidence 'right here, right now', to guide their responses, in real time (Bronk, 2021). Indeed, governments across the world have repeatedly and emphatically claimed to be 'following the science' to legitimise the measures designed to reduce the spread of COVID-19. This, too, is crucial, since Swami and Barron (2020) found that analytical thinking and rejection of COVID-19 conspiracy theories are strongly associated with compliance with social distancing. In our case, we would similarly expect that those that reject conspiracy theories about the origins of COVID-19 to be more likely to support social distancing.

Moreover, science is invoked during the pandemic as an integral part of governmental crisis communications and promoted frames, in ways that could potentially impact on public attitudes. Nevertheless, the literature calls for some caution to be exercised about this type of framing. For one, research on advice-taking suggests that 'decision-makers tend to overweight their opinions relative to those of an advisor leading to inferior outcomes, even when the advisor is recognized as a highly-trained expert' (Simonov et al., 2020). Furthermore, rather than 'de facto' and absolute truths, scientific results should be treated as provisional and open to audit by other scientists, as well as appropriate revisions, when new evidence becomes available (Bronk, 2021). These open up the possibility for the politicisation of science, in ways that allow governments to push agendas and justify political and policy choices, while shielding themselves from responsibility for outcomes. For example, evidence from the UK and the USA indicate that decision-makers may suppress scientific perspectives that are not congruent with their promoted crisis narrative or contradict other political objectives and values (Abbasi, 2020). After all, as Bronk (2021) reminds us, 'science can neither substitute for political choices between competing goals nor replace the need for nuanced judgment of the multifaceted nature of specific problems [...] science cannot determine what is the right value choice to make'. Anti-science attitudes, have recently been linked with a revolt against the 'overeducated' (Szabados, 2019), perhaps reflecting deeper divides in society, but the question that is more directly susceptible to framing effects during a crisis is whether people trust the scientific experts that advise their government. Our expectation is that those who do would be more likely to support social distancing, irrespective of their general attitudes towards science.

Overall, our empirical analysis allows us to explore how these four framing contests played out in debates in the UK at the start of the crisis, and the extent to which the public's positioning along these key dimensions drives support, or opposition, for social distancing, which is our principal aim.

Data and Methods

Crisis management research in political and policy studies has generally focused on the role of political leaders and institutional responses to threats and crises, at multiple levels of governance (Boin et al., 2009; Brändström and Kuipers, 2003). An explanation of this is that crisis research in politics emerges from the public administration (public management) and organisational (management) disciplines. Indeed, the word 'management' itself brings with it connotations of resource mobilisation, based on command and control orientation to governance¹. With this in mind, crisis studies have had a degree of qualitative bias because the implications of the decisions of managers and leaders (and their deficiencies) has meant that studies, and their accompanying methods, adopt more of a relational perspective. For example, qualitative case study designs, using interviews and focus groups, are commonly employed to study the nature of collaborations between actors within different phases of the crisis management process (Brändström and Kuipers, 2003; Boin et al., 2009). The outcome of this is that the 'structures' or institutions of crisis governance often outweigh the attention given to the roles and perspectives of the 'agents' (or the public) within crisis research.

As a result, there is a distinct lack of crisis management studies which employ quantitative methods to empirically measure the extent to which frames correspond to, or indeed, influence public understandings and attitudes during a crisis. The same methodological imbalance is present in securitisation theory. Buzan et al. (1998, 176-7) prescribe discourse analysis as the 'obvious method' to study security, without the need for 'sophisticated linguistic or quantitative techniques'. Instead, they argue, 'the technique is simple: Read, looking for arguments that take the rhetorical and logical form defined here as Security'. Accordingly, 'most securitisation research focusses on elite constructions of the security frame alone, without consideration of the public's evaluations of this message' (Paterson and Karyotis, 2020, 17). This article helps to address the poorly cultivated quantitative field of crisis management and securitisation research, proposing the use of mixed methods, as a potent way to expand the scope and contribution of these fields.

First, we use thematic analysis to map, in the UK context, the four key framing contests identified in the literature review. Thematic analysis is a method for searching, identifying and analysing theoretically-informed patterns of meaning, or else themes, in a dataset (Daly et al., 1997). Our dataset comprised of news articles and official elite communication (e.g. state, government and opposition official communications), as well as scientific experts' and advisers' public announcements and press releases published between 15

¹ Another reason why the crisis management literature has generally privileged qualitative methodologies is that the field is dispersed across three largely fragmented bodies of literature: framing theory, security studies, and crisis studies (Eriksson, 2020).

February 2020 (i.e. two weeks before the first recorded cases of local transmission in the UK) and 15 April 2020 (i.e. the end date of our survey). This constitutes the timeframe for our study.

Data was collected and analysed manually by two independent coders. We followed a hybrid approach to thematic analysis, drawing upon both the data-driven (i.e. inductive) (see Boyatzis, 1998) and theoretically-informed (i.e. deductive) approaches (see Crabtree and Miller, 1999). This was an iterative and reflexive process with the data collection and analysis being conducted concurrently. Data collection and analysis was based on four both deductively and inductively generated broad thematic categories: severity (death projections/estimates) and nature (health, economic, social, political repercussions of the pandemic); blame/responsibility (actors and phenomena associated with the spread of the virus); political value choices (fatalism; TINA; fairness; opportunity); policy trade-offs (public health vs. civil liberties and the economy); and references to the role of science/scientists in pandemic policy-making. Regular coding clinics were held among the two researchers to ensure the reliability of data collection and analysis.

Second, we quantitatively analyse our survey data to determine what drives support for social distancing in the UK. Our data comes from an original survey conducted online by the polling organisation Deltapoll. The sample consisted of N=2,100 British adults and is representative in terms of age, gender and region. With respect to gender, 47% of respondents are male (N=984) and 53% female (N= 1,116). 10% of the sample self-identified as being Black, Asian, or from an ethnic minority (BAME) (N=224). The survey took place between April 10 and 15, 2020, while the UK was entering the third week of lockdown. The Prime Minister (PM) Boris Johnson was himself hospitalised after contracting COVID-19, which may have amplified the ‘rally around the flag’ effect by altering the emotional context. Indeed, public attitudes are particularly volatile to contextual changes, which typically accelerate during crises.

Since we are interested in attitudes, rather than behaviours, as dependent variable we focus on support for ‘allowing people to leave their homes only for essential reasons (work, shopping, medical appointments)’, which represents the essence of social distancing and was the central theme of the first UK lockdown. Answers to this variable take values between 1 (strongly oppose) and 5 (strongly support). Descriptively, 84% of respondents supported (36%) or strongly supported (48%) the lockdown, 10% neither supported or opposed, 4% opposed and 2% strongly opposed it. As in other countries (Boin Lodge and Luesink, 2020), there was very high support for social distancing at the start of the crisis, indicating that the public had been convinced that the COVID-19 represented an existential threat that justifies the suspension of normal life.

[insert Figure 1 here]

The timing of our survey allows us to provide a comprehensive account of the drivers of support for measures at the start of the crisis, by, testing the explanatory value of health, socio-economic and political models, that have dominated current debates, compared to

models centred around the four framing contests deriving from the crisis and security literatures. Figure 1 shows that, when thinking about their personal circumstances, health-related worries are the greatest cause of concern, with variant but significant levels of concern also in relation to economic and social parameters. Our rich and tailored-made questionnaire, which also included measurements of the emerging key frames identified in the thematic analysis, allows us to assess the extent to which such considerations impact on public attitudes.

Framing Contests and Corresponding Public Attitudes

This section employs thematic analysis to map public discourse around each of the four main framing contests identified in the theoretical literature, and the corresponding attitudes of the British public. The discussion here also serves to operationalise the variables and derive models that we use in the subsequent regression analyses, which seeks to identify the drivers of support for social distancing.

Severity and Nature

On the day the lockdown was announced, PM Johnson claimed that COVID-19 posed the “biggest threat this country has faced for decades” (UK Government, 2020a). While the projected number of deaths did not feature in the government’s discourse in this early stage of the pandemic, such estimates varied greatly amongst the scientific community. Experts placed the number of projected deaths between 500,000 (Kitching, 2020) – the worst-case scenario of the ‘herd immunity’ strategy – and 20,000 (Merrick, 2020a) – the best-case scenario. Since the very beginning, predominantly public health characteristics were ascribed to the threat. These were emphasised by Johnson referencing the rapidly growing number of “victims and fatalities”, the continued “sacrifice of key workers”, and also the need to defend the “functionality” of the NHS (UK Government, 2020b), which were the central elements of the government’s communications (“stay at home, protect the NHS, save lives”). Experts, such as the UK Chief Medical Officer, openly warned that under a worst-case scenario the NHS could run out of beds for COVID-19 victims (House of Commons, 2020).

However, different economic, social, and political aspects, which painted a complex threat, also featured in public discourse. The PM acknowledged that there was a serious, multi-faceted threat posed to the NHS, the economy and British lives (UK Government, 2020a), while a week earlier he had emphasised the need to defend the national economy (UK Government., 2020b). Experts warned that COVID-19 looked set to hike UK unemployment rates (Andrews, 2020), while the Office for Budget Responsibility (OBR), warned that the country faced a ‘large (but hopefully temporary) shock to the economy’ (Williams-Grut, 2020). The threat of social unrest made its appearance for the first time in public discourse in mid-March, when supermarkets’ supply chains were put under pressure from stockpiling customers (Evans and Yorke, 2020). Lastly, the threat of Britain becoming a ‘Police State’ can be traced back to the days following the introduction of the ‘Coronavirus Bill’ on 25th March, which imposed unprecedented restrictions on civil liberties in peacetime (Jacobs, 2020).

[insert Figure 2 here]

Descriptive survey results (Figure 2) show that, in general, the British public was in line with the more conservative estimates of the expected casualties, with 71% estimating that between 10,000 and 50,000 people would eventually die in the UK. At the time, 60,733 had tested positive for coronavirus and, of those hospitalised, 7,097 had died.² Perhaps surprisingly, more people were worried about economic implications (71%), rather than the breakdown of the NHS (56%) which featured heavily in the government's discourse. People worried far less about social unrest (45%) or Britain becoming a police state (32%), which were not promoted by mainstream political actors. In our analysis, the first model draws on these variables, relevant to the nature and severity of the threat.

Blame Attribution

The government also sought to diffuse responsibility and deflect blame for the crisis by continually referencing the global and shared threat that COVID-19 posed. For example, Johnson commenced his lockdown speech by stating: "this country is not alone. All over the world we are seeing the devastating impact of this invisible killer... in other countries that also have fantastic health care systems, this is the moment of real danger" (UK Government, 2020a). As soon as Britain's death toll from the pandemic reached four figures in late March 2020, some government ministers, such as Michael Gove, started 'outsourcing' the blame for the UK's lack of mass testing on China. However, this frame was not very salient in our study overall, and certainly far less so in comparison to the US Administration (see Proctor, 2020).

The government directed attention towards personal responsibility, as the central positive incentive for the public to embrace the measures and one that can be traced to the country's historical legacy. One week before the introduction of the lockdown, the PM appealed to the public to unite like it had done in the past: "The country will get through this epidemic [sic], just as it has got through many tougher experiences before if we look out for each other and commit wholeheartedly to a full national effort... we are all enlisted" (UK Government, 2020b). These types of historical analogies – likening the situation to the rallying cries of WW2 when British people were "all in it together" – were utilised regularly by the government. Personal responsibility was the dominant frame in the PM's speech announcing the lockdown, noting that: "in this fight we can be in no doubt that each and every one of us is ... obliged to join together and stay at home" (UK Government, 2020b).

[insert Figure 3 here]

Figure 3 shows that an overwhelming majority of the British public embraced the government's message to 'stay at home and save lives', identifying 'those that do not

² Department of Health and Social Care, results announced 8 April 2020. See <https://time.com/5816252/boris-johnson-hospitalized/>

follow the social distancing measures' (75%) as responsible for the outbreak. The complementary message that 'we are all in this together' also resonated with people, with 61% blaming 'each and everyone of us' for the pandemic. 65% of respondents blamed the Chinese government and 54% blamed globalisation, while only 35% blamed the UK government. This second framing contest is operationalised in our regression through a model that includes the top five factors that respondents identified as responsible for the spread of COVID-19 in the UK.

Remedies and Trade-Offs

The initial UK government response was to delay implementing social distancing measures. Reflecting a fatalistic frame, Johnson suggested on the 'This Morning' television show on 5th March that "one of the theories is perhaps you could take it on the chin, take it all in one go, and allow the disease, as it were, to move through the population, without taking as many draconian measures. I think we need to strike a balance" (Simanowitz, 2020). Although Johnson never clearly advocated the 'take it on the chin' theory in public, this seems to have informed the government's 'herd immunity' response up until the announcement of school closures on 20th March. Following public and international pressure, the UK government shifted from its delay phase to a contain phase, by introducing a number of mandated social-distancing requirements on 25th March (Cabinet Office, 2020).

Johnson encouraged the acceptance of these 'necessary' measures in order to reduce the number of "victims and fatalities, and protect the NHS" (UK Government, 2020a). The emphasis on saving lives and protecting a valued institution implied that there was no alternative. The TINA frame was not challenged by any salient mainstream actor in the UK, with political leaders rallying around the flag in the face of a perceived existential threat. Opposing the measures would likely turn any challenger into a villain, as President Ford's political opponents found out during the 1976 US Swine Flu crisis (Boin et al., 2016). However, the 'crisis as opportunity' frame attempted to point to an alternative, potentially positive, side of the emerging harsh reality, by envisioning the possibility of a better tomorrow following these dark times. For example, in a widely read and circulated article in Financial Times in early April, novelist Arundhati Roy (2020) described COVID-19 as a portal, stating that '[h]istorically, pandemics have forced humans to break with the past and imagine their world anew. This one is no different'.

Indeed, the main frame that challenged TINA focused on criticising the UK government for not doing more, sooner, and in a fairer way at the start of the crisis. Partly in response, on March 20th the government announced a comprehensive job retention furlough scheme, followed by a package for the self-employed workers on 26th March. Jeremy Corbyn (then leader of the Opposition) argued that the plans announced did not offer equal 'economic security' to everyone, with concerns for those in need of 'sick pay, self-employed, those reliant on social security, renters, and others' (UK Labour Party, 2020). Corbyn also criticised the introduction of limited measures tailored to the NHS, such as the lack of 'PPE, testing and protection for social care workers', which threatened the health of 'key workers' (UK Parliament, 2020).

[insert Figure 4 here]

Operationalising this framing contest in our quantitative analysis required careful consideration. First, we asked participants a battery of questions that corresponded to the main frames deriving from the thematic analysis. Results are presented in Figure 4. The British public overwhelmingly accepted the government's TINA narrative (83%), but strongly rejected the fatalistic frame (58%), which seemed to have guided its initial response to the pandemic. At the same time, half of our respondents (49%) embraced the message that the economic burden of the introduced measures is unevenly distributed, which was mainly advocated by the Leader of the Opposition. Nearly one in two (46%) also embraced the 'crisis as opportunity' frame, despite this not featuring in the government's messaging.

[insert Figure 5 here]

Second, we included two survey instruments to accurately capture public positioning on the perceived policy trade-offs between public health and the economy or civil liberties. Figure 5 shows that the public was strongly in favour of prioritising public health over anything else, in line with the dominant political frames. More specifically, on a scale between these four positions, 59% and 70% of our respondents leaned towards minimising the number of deaths, whereas only 22% and 13% believed the economy and civil liberties, respectively, should take priority.

Science and Scientific Expertise

This last framing contest, which cuts across the previous three, is about who has the necessary expertise and authority to inform how we understand and respond to a pandemic, as well as who takes the blame if/when things go wrong. In mid-March 2020, the WHO's director-general stated that every possible action needs to be taken: 'Not testing alone. Not contact tracing alone. Not quarantine alone. Not social distancing alone. Do it all' (Boseley, 2020). About 400 UK-based scientists and medical experts signed an open letter in mid-March urging the government to implement more social distancing measures 'with immediate effect'.³ Expert advice is based on the assumption that governments are willing and capable of instigating policy change, although this advice is not always followed (Simonov et al., 2020). The government's testing strategy, and more specifically, the 'pivotal' decision on March 12th to halt community testing and retreat to testing mainly within hospitals, attracted heavy criticism, with Public Health England and the Department for Health and Social Care blaming each other (Merrick, 2020b). Perhaps to legitimise its crisis management and deflect blame, both the PM and the Foreign

³ See 'Public request to take stronger measures of social distancing across the UK with immediate effect', available at: http://maths.qmul.ac.uk/~vnicosia/UK_scientists_statement_on_coronavirus_measures.pdf.

Secretary stressed that the government was following the guidelines of ‘world-leading scientists’ since the very beginning (UK Government 2020a; 2020c). Beyond this, science also provides answers as to what caused the pandemic. This did not attract attention in public debates in the UK but featured in conspiracy theories and in the discourse of other leaders, with US President Trump, for example, claiming to have seen undisclosed evidence that COVID-19 escaped from a laboratory in Wuhan, China.⁴

[insert Figure 6 here]

We asked participants to indicate their trust in scientists advising the government using a scale that goes from 0 (no trust at all) to 10 (complete trust). The median values for trust is 7, indicating a relatively high trust in them. Respondents were also asked to indicate, from what they heard or read, what they thought were the causes of the pandemic. Figure 6 shows that a majority (64%) agree with scientific explanations, but 24% endorse conspiracy theories, and 13% are unsure. In terms of broader attitudes to science, 27% of respondents considered that science does more harm than good, while 25% considered that we believe too often in science, and not enough in feelings. Attitudes to climate change are also indicative of scientific views, with 51% believing it is completely true that climate change will, if unchecked, do great damage to the earth’s environment and only 5% believe it completely untrue. To operationalise this framing contest, our corresponding model includes the above three variables about attitudes to science and the scientists advising the government, and the two competing explanations about the cause of the pandemic. Full descriptive statistics and questionnaire are available at the Appendix.

The Drivers of Support for Social Distancing

Academic and policy attention has, thus far, mainly pointed towards personal circumstances and socio-economic factors to predict support for social distancing, which our data allows us to test using a series of OLS models. Before turning our attention to crisis framing dynamics, in Table 1 we present a comprehensive socio-economic model, constituted by separate health, economic and political sub-models. The coefficients obtained in these are largely as expected from the literature. First, the prevention paradox is confirmed (Rose, 1985), with people already diagnosed with COVID-19 statistically less likely to support the lockdown. Health vulnerability and concern about yourself or a member of your family catching the virus increases support for measures, with health variables shown robustness to the addition of economic and political variables (as the final column in Table 1 shows). Second, the economic model confirms that people with responsibilities of family life and those that feel economically more vulnerable than others are significantly less likely to support the measures. Concerns over paying bills and prospective evaluations about personal and national economic circumstances do not impact attitudes. Third, people who consider that they can personally influence whether they get infected, are better informed about the pandemic crisis and trust the British

⁴ See <https://www.ibtimes.com/coronavirus-origin-trump-has-seen-evidence-covid-19-came-wuhan-lab-2968344>

government are significantly more likely to support the measures – evaluations about its performance in managing the pandemic make no difference, at this early stage. Untypically, it is left, and not right-wing, ideology that increases public support for draconian measures in the face of a public health emergency, which require sacrifices for the collective good. This, and questions about the perceived efficacy, not only of individuals, but also of specific policy measures (e.g. wearing masks) should be fruitfully explored in future research.

[insert Table 1 here]

Overall, the adjusted R^2 in Table 1 indicates that 12% of the variation of the dependent variable is explained by health factors, 10% by economic and 18% by political considerations. Taken together, the socio-economic model explains only 22% of the variation in support for the lockdown, indicating that other factors also play an important role in shaping support for social distancing. Our theoretical expectation is that framing may account for some of the missing variance. Table 2 presents a Crisis Management composite model, consisted of four sub-models, each corresponding to the four framing contests discussed earlier.

Starting with the *Nature and Severity* model, coefficients show that people who see the crisis as a threat that may overwhelm the NHS or increase unemployment, are significantly more likely to support the measures. On the other hand, those concerned about social unrest or Britain becoming a police state, are significantly more likely to oppose them. Interestingly, concern over the NHS is not a robust predictor of public attitudes, as the last column in Table 2 shows, which indicates that a central element in the government's crisis communications failed to register with the public. The number of expected deaths, as a proxy for the crisis' objective severity, has no impact on public attitudes on the lockdown, confirming our hypothesis. Overall, the adjusted R^2 of the model indicates that it explains 17% of the variance of our dependent variable.

Personal responsibility allocated to people not following social distancing has the strongest positive effect in explaining support for social distancing measures in the *Blame Attribution* model, in line with the government's key messaging. Individuals who assign high levels of blame to each member of society also show significantly more support for social distancing measures. As expected, those blaming the UK government are less likely to support social distancing, but this finding is not robust to the addition of other explanations and control variables at this early stage of the crisis. On the other hand, exogenising blame to the Chinese government or globalisation, does not impact on public attitudes, arguably because such frames were neither as salient nor as weaponised in UK political debates, as was, for instance, the case in the United States. Overall, these results suggest that levels of support are higher among individuals, who shifted the government's

responsibility to the individuals in society. The R^2 indicates that the model explains 19% of the variation of the dependent variable.

The third framing contest (the remedies and perceived trade-offs required to contain the pandemic) holds, by far, the strongest explanatory power, explaining 38% of the variance in our dependent variable. Our regression analysis shows that the perceived necessity of measures plays the biggest role in driving support, while the fairness frame, invoked by the opposition party mainly, does not make any statistical difference. This replicates findings from the Eurozone crisis and is in line with securitisation theory (Karyotis and Rüdig, 2015). Those who see the crisis as an opportunity are significantly more likely to support social distancing measures, while the 'fatalist' frame decreases the level of support for social distancing. Both of the perceived trade-offs are statistically significant, confirming that people are less likely to support social distancing measures when they consider that the state of the economy or the protection of civil liberties should be prioritised over the health of the population. All these variables are robust to the addition of other explanations and control variables, as shown in the last column of Table 2.

[insert Table 2 here]

Lastly, the *scientific* model explains 18% of the variance of our dependent variable, more than both the health and economic models (see Table 1). Contrary to expectations, perceptions about the causes of the pandemic, scientific or conspiracy ones, have no impact on public support for social distancing, likely because they were largely absent in UK debates, unlike the USA. Our results also show that climate change sceptics, and those privileging faith over science, are significantly less likely to support government measures. However, once control variables and other framing contests are taken into account, the only variable from this model that remains robust in its effect is whether people trust the scientists advising the UK government: those who do so are significantly more likely to support the social distancing measures, as hypothesised.

As shown in Tables 1 and 2, the demographics of age, gender, and ethnicity produce consistent and statistically significant results that are in line with the expectations derived from the literature. Older people and females are more likely to support government measures (Lancet, 2020) but those from an ethnic minority background are less likely to do so (Van Scoy et al., 2020). Interestingly, key workers are less supportive of social distancing measures, but the effect loses its significance in some models, indicating that variation in support for the lockdown from key workers is contingent on other factors.

Overall, our findings highlight the importance of the previously unexplored significance of framing contests around the nature, severity and appropriate response to a crisis in shaping public attitudes, and in this case, driving support for social distancing. The crisis management framing comprehensive model has an adjusted R^2 twice the size of that of the socio-economic model (0.40 and 0.20, respectively), indicating that it offers a better fit. This is further corroborated by the Akaike Information Criterion and a series of goodness of fit tests (see Table A3 and A4 in the Appendix) which, in all cases, indicate that the crisis management model represents a significant improvement over the other

models. Our results are not driven by any possible problem of multicollinearity between predictors, since the Variance Inflation Factor present in all cases, values closer to 1 (absence of multicollinearity) and smaller than 5 (problematic levels of multicollinearity between variables in the model), as can be observed in Table A5 in the Appendix.

Conclusion

This article sought to explore the drivers of support for social distancing, using the UK as a case study. While our analysis confirms the influence of health, socio-economic and political factors, which represent the prevailing understanding, we argue that these, taken together, tell only a part of the story. By contrasting corresponding models, to ones theoretically derived from crisis management and securitisation research, we demonstrate that framing dynamics, around key framing contests, drive public attitudes, more than anything else. Predictably, the objective significance of the threat, in terms of number of people dying, does not influence public attitudes, but subjective understandings about the nature of the threat do. Importantly, placing not only 'public health' but also 'unemployment' as the referent object that is to be protected, predicts support for measures in the UK. This means that health and the economy are not inherently understood as a trade-off. It is only when they are presented as such in discourse that they drive attitudes in antithetical directions. Counter-securitisation frames about the lockdown posing a greater threat to the economy or civil liberties may, however, find fertile ground to develop during a prolonged crisis, unless governments are able to construct convincing narratives about the nature/severity, responsibility for escalation, and appropriate response to the pandemic.

The British case is atypical in that demands for securitisation emerged from the ground, with the government delaying the adoption of extraordinary measures to contain the spread of COVID-19. Our analysis shows that its initial 'herd immunity' messaging, reflecting a fatalistic frame, actually suppressed support for later-mandated measures. However, once securitising rhetoric was adopted by the government, and with other actors rallying around the flag, its key diagnostic and, especially, its prognostic frames resonated with the public and increased support for social distancing. Perhaps surprisingly, the only of its key messages that failed to effect public attitudes concerned the need to 'protect the NHS', which as a referent object, did not mobilise support for extraordinary measures. On the other hand, the necessity to 'stay home', to which there is no alternative, and the importance of personal responsibility to 'save lives' were the strongest predictors of support, suggesting that positive incentives about promoting 'the greater good' may be an effective way of overcoming the prevention paradox in health emergencies. This is further indicated by the finding that the 'crisis as opportunity' frame shapes attitudes to social distancing, despite not featuring in political discourse in the UK at the start of the crisis. Such a message, invoked by governments, may be a particular effective framing strategy to enhance continuing support for measures required during the pandemic.

These empirical findings resonate with the literatures on crisis management and securitisation theory that governmental elites are best positioned to shape security

attitudes (e.g. Buzan et al, 1998; Boin et al., 2016). In a globalised world, the public may exert upward pressure or be influenced by external debates, as, for example, indicated by the high percentage of Brits blaming the Chinese Government or agreeing with conspiracy theories that the virus escaped from a lab in Wuhan. However, neither of these, nor the frame promoted by political opponents that the measures were unfair, had any impact on driving public attitudes. Overall, our analysis strengthens the case for further research on how elite frames influence public attitudes during a crisis, to fully understand the dynamics of crisis communication and identify causal pathways, which likely requires panel data. Employing mixed-methods, as proposed in this article, provides us with the required tools to examine both the salience and resonance of framing contests, in a specific context. Finally, future research may fruitfully explore how attitudes to science influence political behaviour, not only because trusting the scientists advising the government, we find, has a significant effect in enhancing public support for social distancing but also because this area is perhaps emerging as a new cleavage in the Western world, which may be particularly politicised during the COVID-19 pandemic.

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