Decivilization: Public Non-compliance With NPIs During the COVID-19 Pandemic

Sean Creaven, University of the West of England, United Kingdom

The Asian Conference on the Social Sciences 2025
Official Conference Proceedings

Abstract

Non-pharmaceutical interventions (NPIs) are established by research as effective for controlling pandemics. COVID-19 incentivized much research into the effectiveness of NPIs, which confirmed their efficacy, indeed indispensability, for pandemic management. Yet the success or otherwise of NPIs in bringing the COVID-19 pandemic under control has obviously depended on the level of public compliance with these restrictions, especially in the pre-vaccination era. However, the NPIs were rather less successful in curbing the pandemic than commonly thought because their efficacy was compromised by substantial levels of public non-compliance. This paper contends that public non-compliance with NPIs may be explained to some degree by a concept of *decivilization*. Decivilization is not theorized here as regression of the modernization process, as Norbert Elias understood it, but rather as integral to the neoliberal mode of capitalism. Decivilization denotes cultural, social and political mechanisms at work in our globalizing world (especially neoliberalization, class polarization, and individualisation) that undermined the stringency of NPIs due to the harms they have inflicted on the social compact. This paper concludes that effective responses to future pandemics will depend not on technological solutions but on challenging decivilizing processes.

Keywords: COVID-19, decivilization, globalization, individualization, non-pharmaceutical interventions, neoliberalism

iafor
The International Academic Forum
www.iafor.org

Introduction

Non-pharmaceutical interventions (NPIs), at the centre of which is physical distancing, are established by a large body of research as effective measures for controlling pandemics. This was the case long before the novel coronavirus outbreak.[1] However, the COVID-19 crisis has incentivized a massive expansion of research into the effectiveness of NPIs, which has basically confirmed their efficacy, indeed indispensability, for pandemic management.[2] But the success or otherwise of NPIs (self-isolation, self-testing, reporting positive test results, avoiding social gatherings, respecting physical distancing, regular hand-washing, public mask donning, etc.) in bringing the current pandemic under control has obviously depended on public compliance with these practices. NPIs will be effective only if enough people acquiesce to the stringency of controls. Before vaccination, NPIs were the only line of defence for people against the virus. Given the tardiness and unevenness of the vaccine rollout internationally, these have been for much of the pandemic the primary defence mode for many peoples and governments.

However, as I will argue, the NPIs have been rather less successful in curbing the pandemic than they have usually been made out to be. This is because their stringency has been compromised by significant if not substantial levels of public non-compliance. Non-compliance to NPIs during the pandemic was a global phenomenon, but it was especially characteristic of the Global North, of the West in the North, or of the North Atlantic region. Non-compliance by literally billions of people to pandemic restrictions undoubtedly harmed the cause of public health worldwide, leading to hundreds of thousands of unnecessary deaths.

The argument that is outlined in this paper is that public non-compliance with NPIs may be explained to some degree as consequences of *decivilization*. Decivilization refers us to structural and cultural mechanisms of social malintegration that are at work in modern societies in our neoliberal "global" age. These mechanisms acted to erode public conformity to the NPIs owing to the harms they have inflicted on the social compact and community life. Decivilization is theorized as a powerful tendency of our social world in which (1) individualistic rights-cultures are increasingly ascendant over collectivist rights cultures, weakening pro-social values; (2) the social state and public welfare have been scaled back in support of free markets, consumer liberties, and entrepreneurial wealth generation; and (3) inequalities of wealth and income are radicalizing within and across borders, so that these are generating societies polarized by class divisions and with sizeable minorities mired in conditions of economic precarity.

Methodology – A Note on Data Collection

The data supporting measurement of comparative public health harms of the global pandemic that has informed this paper was obtained from the Worldometer dashboard primarily. Data supporting international comparative analysis of degrees or rates of compliance (and non-

[1] As is confirmed by a vast range of studies. For example: Ding (2014); Durham & Casman (2012); Glass et al. (2006); Karimi et al. (2015); Kelso et al. (2009); Lewnard and Lo (2020); Weston et al. (2018).

[2] See for example: Askitas et al. (2021); Banholzer et al. (2021); Brüggenjürgen et al. (2023); Chu et al. (2020); Dandekar et al. (2021); Fair et al. (2022); Flaxman et al. (2020a); Flaxman et al. (2020b); Giordano et al. (2020); He et al. (2022); Hsiang et al. (2020); Khataee et al. (2021); Kucharski et al. (2020); Kupferschmidt & Cohen (2020); Mohammadi et al. (2022); Neufeld et al. (2020); N'Konzi et al. (2022); Pozo-Martin et al. (2021); Salje et al. (2020).

compliance) with NPIs during key phases of the pandemic was distilled from YouGov self-report surveys.

NPIs and the Pandemic

I will start by examining levels and trends of public non-compliance with NPIs across successive phases (rising and receding waves) of the pandemic from March 2020 through to mid-year 2022. This is periodised as follows: (1) *initial and early (first-wave) non-compliance* (February–April 2020); (2) *mid-pandemic non-compliance* (April 2020–January 2021); and *late pandemic (vaccination and post-vaccination era) non-compliance* (January 2021–July 2022).

Phase 1: Initial and Early Non-compliance With NPIs (February-April 2020)

A substantial body of international research into public compliance with NPIs during the pandemic's first wave reveals a highly variable picture, with levels of compliance as high as 90 percent among some populations, but as low as 67 percent among others, by mid-April 2020 (Creaven 2024a, pp. 213-21). At the start of the pandemic, as the first wave grew, initial public compliance with lockdown policies was uniformly strong worldwide. However, virtually as soon as lockdowns were brought in, public compliance began to slip, as was revealed by a range of national studies, with radical non-compliance (or low compliers) varying from five percent up to 25 percent, with another sizeable group (of around 20 percent on average) made up of the occasionally or "somewhat" compliant (Creaven, 2024a, pp. 208-21).

Table 1
Compliance Rates With NPIs (Mid-April 2020): North Atlantic and Developed Oceania

Country	Avoiding crowds	Avoiding work (home working)	Improved personal hygiene	Object avoidance	Average
1. Spain	80%	45%	84%	66%	68.7%
2. Italy	87%	44%	76%	61%	67.0%
3. Denmark	86%	44%	83%	53%	66.5%
4. Australia	77%	32%	81%	69%	64.7%
5. Norway	80%	25%	86%	63%	63.2%
6. France	81%	34%	70%	59%	61.0%
7. UK	75%	37%	72%	56%	60.0%
8. USA	73%	27%	68%	58%	56.5%
9. Sweden	68%	26%	68%	52%	53.5%
10. Germany	66%	22%	71%	53%	53.0%
11. Finland	71%	17%	72%	51%	52.7%
Overall	**76.7%**	**32.1%**	**75.5%**	**58.3%**	**60.6%**

As is illustrated in Table 1, most people did not switch to home-staying and home-working in Europe, the USA, and Australia – even over the course of the pandemic's first wave. Here as well substantial minorities of people did not self-report conformity to other NPIs, even at the peak periods of conformity. This was when the first pandemic wave was near its peak and beginning to recede.

Rates and volumes of public compliance with these NPIs over the same basic timescale (from March up to April 2020), indeed from an earlier date in the development of the pandemic, were at their highest level by some distance in the Asia-Pacific region, and these were maintained over a much longer period. This was especially the case in most of the countries of Southeast Asia. This is shown by survey data from several case-examples: Malaysia, the Philippines, Thailand, Hong Kong, Vietnam, Singapore, Indonesia, and Taiwan (YouGov, 2022). I will refer to these as the Southeast Asia Eight.

Table 2
Compliance Rates With NPIs (Mid-April 2020): Asia-Pacific Southeast Asia Eight

Country	Avoiding crowds	Avoiding work (home-working)	Improved personal hygiene	Object avoidance	Average
1. Malaysia	86%	68%	84%	71%	77.3%
2.Philippines	81%	64%	80%	68%	73.3%
3. Thailand	86%	54%	87%	65%	73.0%
4. Hong Kong	81%	48%	86%	67%	70.5%
5. Singapore	84%	52%	83%	60%	69.8%
6. Indonesia	79%	55%	83%	56%	68.3%
7. Vietnam	77%	48%	78%	68%	67.8%
8. Taiwan	80%	26%	84%	63%	63.3%
Overall	**82.0%**	**51.9%**	**83.1%**	**64.8%**	**70.4%**

As can be seen from Table 2, public compliance with NPIs across the Southeast Asia Eight at mid-April 2020 was significantly higher under all NPI types under review than across the 11 countries included in the sample of countries from the developed Western world. This is despite the fact that this was a period in which the first pandemic wave was at a significantly lower level than in Europe and the USA. The overall non-compliance rate was 29.6 percent compared to 39.4 percent in the North Atlantic and developed Oceania. Even so, as is apparent, large minorities of people were self-reporting as non-compliant to these NPIs in both regions.

Phase 2: Mid-pandemic Non-compliance With NPIs (April 2020–January 2021)

But what of the fate of public responses to the NPIs beyond the rise and fall of the pandemic's first wave? Worldwide, NPIs remained in place in the context of phased unlocking of lockdowns, albeit scaled down, and were scaled up again in the context of later lockdowns, whether local or national. Throughout this period of greater or lesser restrictions, significant levels of non-compliance with NPIs was a constant, with a tendency to grow. New pandemic waves would motivate temporary upward spikes in public adherence to NPIs, but at lower scales than at previous peaks, albeit to greater or lesser degrees in different places, so that there was a downwards trajectory overall (Petherick et al., 2022).

As in the earlier period, however, countries of the Asia-Pacific did rather better those of the North Atlantic area in maintaining higher rates of public compliance with the NPIs. Here so-called "pandemic fatigue" appears to have had a lesser impact. This may again be illustrated by comparing the performance of countries in the two samples (YouGov, 2022).

Table 3
Compliance Rates With NPIs (Mid-January 2021): North Atlantic and Developed Oceania

Country	Avoiding crowds	Avoiding work (home working)	Improved personal hygiene	Object avoidance	Average
1. Spain	85%	20%	80%	57%	60.5%
2. Italy	80%	13%	72%	52%	54.3%
3. Australia	66%	21%	67%	55%	52.3%
4. UK	69%	27%	59%	47%	50.5%
5. Denmark	71%	26%	52%	47%	49.0%
6. Norway	68%	19%	63%	42%	48.0%
7. USA	67%	18%	60%	46%	47.8%
8. France	69%	15%	61%	43%	47.0%
9. Finland	65%	14%	63%	45%	46.8%
10. Germany	64%	17%	58%	46%	46.3%
11. Sweden	66%	13%	51%	44%	43.5%
Overall	**70.0%**	**18.5%**	**62.4%**	**47.6%**	**49.6%**

As is displayed in Table 3, by mid-January 2021, non-conformity rates with these NPIs had risen from 39.4 percent to 50.4 percent in the developed Western countries under review. This was at a time during which the second pandemic wave was breaking in the USA and Europe. On the same timescale, non-conformity with these NPIs had risen less sharply from 29.6 percent to 38.3 percent in the South Asia Eight, as is illustrated in Table 4.

Table 4
Compliance Rates With NPIs (Mid-January 2021): Asia-Pacific (Southeast Asia Eight)

Country	Avoiding crowds	Avoiding work (home working)	Improved personal hygiene	Object avoidance	Average
1. Malaysia	85%	42%	83%	66%	69.0%
2. Philippines	80%	47%	78%	65%	67.5%
3. Thailand	80%	41%	82%	65%	67.0%
4. Hong Kong	75%	40%	85%	67%	66.8%
5. Indonesia	72%	40%	79%	51%	60.5%
6. Vietnam	70%	22%	72%	56%	55.0%
7. Singapore	70%	21%	77%	48%	54.0%
8. Taiwan	69%	19%	77%	50%	53.8%
Overall	**75.1%**	**34.0%**	**79.1%**	**58.5%**	**61.7%**

Phase 3: Late (Vaccination Era) Non-compliance With NPIs (January 2021–July 2022)

The vaccination period and beyond, however, has seen public compliance with NPIs drop away steadily in the high-income countries (as the judicial sanctioning of these has been removed), just as lesser radical declines have been witnessed elsewhere. This is even though the pandemic (and the severe harms that COVID-19 was capable of inflicting on the vulnerable) was not ended by mass inoculation. The trend is revealed by survey data establishing declining conformity as a worldwide phenomenon (YouGov, 2022).

However, as is illustrated in Table 5, far lesser declines in public compliance with the NPIs were experienced in the Asia-Pacific, as exemplified by the Southeast Asia Eight, in comparison with Australia, North America, and Europe. Indeed, in Southeast Asia, certain of the NPIs retained the support of large minorities if not majorities of the public, whereas major public support for the NPIs was not retained in North America, Europe, or Australia (YouGov, 2022).

Table 5
Compliance Rates With NPIs (Mid-June 2022): North Atlantic, Developed Oceania, and Southeast Asia

Country	Avoiding crowds	Avoiding work (home working)	Improved personal hygiene	Object avoidance	Average
1. Taiwan	69%	33%	78%	55%	58.8%
2. Thailand	70%	29%	73%	55%	56.8%
3. Hong Kong	62%	22%	77%	52%	53.3%
4. Philippines	67%	24%	71%	50%	53.0%
5. Malaysia	70%	19%	73%	48%	52.5%
6. Indonesia	49%	18%	70%	35%	43.0%
7. Singapore	54%	15%	65%	36%	42.5%
8. Vietnam	46%	18%	53%	37%	38.5%
9. Italy	51%	4%	49%	29%	33.3%
10. Spain	46%	7%	52%	26%	32.8%
11. USA	44%	10%	43%	28%	31.3%
12. France	45%	6%	44%	26%	30.3%
13. Australia	40%	9%	41%	30%	30.0%
14. Germany	42%	6%	38%	27%	28.3%
15. Finland	29%	6%	39%	22%	24.0%
16. Norway	22%	5%	34%	28%	22.3%
17. Denmark	19%	4%	34%	25%	20.5%
18. Sweden	27%	7%	25%	21%	20.0%
19. UK	26%	4%	29%	18%	19.3%
Overall	**46.2%**	**12.9%**	**52.0%**	**34.1%**	**36.3%**

Average rate of compliance across the four NPIs under review was 49.8 percent by midyear 2022 for the Southeast Asia Eight compared to 26.5 percent for the North Atlantic/Oceanic Eleven (YouGov, 2022).

The Pandemic and Public Mask-Wearing

So far I have considered data on conformity and non-conformity to the major NPIs – with one exception. This exception is mask-wearing. I will now examine mask-wearing as a standalone phenomenon. This is because mask-wearing is a good gauge of the strength of pro-social motivations in a society because this confers health protections not so much on the wearer but on those whom the wearer comes into proximity within public places. Mask-wearing, then, may be viewed as indicative of empathic concern for community others rather than as behaviour motivated by fear or self-interest.

Now, throughout the global pandemic (up to mid-year 2022), public rates of mask-wearing were generally much higher outside the West, beyond the North. They were highest – and consistently so – in the countries of Southeast Asia (Creaven, 2024a, pp. 239-41). This was even though NPIs were legalized to differing degrees in these countries, which were also experiencing highly variable rates of vaccine coverage during this period. This is illustrated in Table 6.

Table 6
Public Mask Wearing March 2020–July 2022, North Atlantic, Developed Oceania, and Southeast Asia

Country/territory	Mar-Apr 2020	Dec 20-Jan 2021	Sep-Oct 2021	Jun-Jul 2022	Average
1. Hong Kong	87.4%	84.6%	89.0%	86.5%	86.9%
2. Taiwan	86.3%	83.2%	84.0%	85.5%	84.8%
3. Thailand	82.3%	85.0%	84.8%	80.0%	83.0%
4. Malaysia	71.1%	89.6%	84.0%	83.5%	82.0%
5. Philippines	74.2%	85.8%	79.3%	80.5%	80.0%
6. Singapore	52.2%	89.4%	88.5%	83.5%	78.8%
7. Vietnam	80.3%	79.8%	77.3%	66.0%	75.9%
8. Indonesia	66.1%	83.2%	75.3%	76.5%	75.3%
9. Italy	67.3%	83.5%	78.1%	55.0%	71.0%
10. Spain	50.0%	86.7%	81.9%	50.0%	67.4%
11. France	27.2%	79.0%	73.7%	42.8%	55.7%
12. USA	29.8%	79.0%	59.8%	42.4%	52.8%
13. Germany	13.7%	73.2%	61.0%	40.0%	47.0%
14. Australia	19.4%	58.3%	67.3%	42.5%	46.9%
15. Finland	2.5%	72.3%	65.7%	26.0%	41.6%
16. UK	6.6%	74.2%	58.8%	22.5%	40.5%
17. Norway	5.0%	55.0%	34.3%	11.4%	26.4%
18. Denmark	2.4%	67.0%	11.8%	5.0%	21.6%
19. Sweden	3.4%	22.5%	19.8%	10.3%	14.0%
Overall	**43.5%**	**75.3%**	**67.1%**	**52.1%**	**59.5%**

As we have seen, the marked difference in rates of public compliance with public mask-wearing in the North Atlantic region and in Developed Oceania compared to the Asia-Pacific region during the pandemic was replicated in the case of other NPIs (Creaven, 2024a, pp. 213-29).

Now this (YouGov, 2022) data evidences more effective, proactive pandemic management policies in the Asia-Pacific region compared to those in the North Atlantic and Australia, of course. But it is also indicative of a higher degree of public acceptance of and support for such policies in Southeast Asia than in the North Atlantic and Developed Oceania. This is likely a major reason why these countries have out-performed those of the North Atlantic in terms of minimizing both public health and economic harms (Creaven, 2024a, pp. 241-45; Nanda & Ryan, 2022). The differences in pandemic performance between countries of the North Atlantic region and those of Southeast Asia may be gleaned from Worldometer (2024). These are displayed below in Table 7:

Table 7
COVID-19 Mortalities: Southeast Asia, North America, Western Europe (3 April 2024)

Country		Total mortalities	Mortality rate per million
1.	China	5,272	4
2.	Laos	758	101
3.	Cambodia	3,056	178
5.	Singapore	2,024	341
6.	Vietnam	43,206	437
7.	Thailand	34,581	493
8.	Indonesia	162,063	581
9.	Philippines	66,864	594
10.	Japan	74,694	595
11.	South Korea	35,934	700
12.	Taiwan	19,005	796
13.	Malaysia	37,348	1,126
14.	Hong Kong	14,924	1,263
15.	Netherlands	22,922	1,336
16.	Denmark	8,814	1,511
17.	Canada	59,034	1,538
18.	Switzerland	14,452	1,647
19.	Ireland	9,941	1,891
20.	Norway	6,638	1,204
21.	Luxembourg	1,232	1,918
22.	Finland	11,958	2,153
23.	Germany	183,027	2,182
24.	France	167,642	2,556
25.	Spain	121,760	2,606
26.	Sweden	27,407	2,682
27.	Portugal	28,126	2,774
28.	Belgium	34,376	2,946
29.	Italy	196,487	3,261
30.	UK	232,112	3,389
31.	USA	1,219,487	3,642
32.	Greece	37,869	3,671

How might we explain the higher degree of public buy-in to the NPIs in Southeast Asia compared especially to the Western world? I have argued that this may be because the cultures of the Asia-Pacific countries – especially those of Southeast Asia – are rather less individualized than those of the West (Creaven, 2024a, 241-45). This argument is supported by research conducted by Silova et al. (2021). This attributed the resistance by publics and governments in the West to legally-mandated NPIs as resulting from what they define as "excessive individualism". Their study draws upon a cross-country scale of degrees of individualism in different parts of the world.[3] These degrees of individualism are enumerated, with a score of 100 attributed to countries that could in theory manifest "complete individualism" and a score of 0 attributed to those that could in theory manifest "complete collectivism". Based on this comparative-statistical analysis, Silova et al. attributed a mean

[3] This is based on Geert Hofstede's ideal types of individualism and collectivism. See: Hofstedet et al. (2010).

score of 38.3 to the Asia-Pacific countries on the individualism-collectivism scale compared with a mean score of 64.9 for the North Atlantic countries (Silova et al., 2021).

Silova et al.'s analysis correlated the excess individualism of the North Atlantic cultures with lower public support for NPIs, including mask-wearing in public places. Conversely, more public support for the NPIs in Asia-Pacific countries was correlated with the higher degree of collectivism *vis-à-vis* individualism of their cultures (Silova et al., 2021). Yet perhaps the issue is not so much that there is "too much" individualism, especially in the West and in the North, exercising a corrosive impact on pro-sociality. Rather, perhaps the issue is more a question of the nature of the particular modes of individualism that are excessive. Individualism *per se* is not necessarily corrosive of the social bond. However, certain modes of modern individualism (economic, consumerist, wholly and narrowly rights-based, etc.), which are culturally ascendant in Westernized cultures, undoubtedly are. This is because these are egocentric to the core.

Decivilization and the Pandemic

The range of studies documenting compliance and non-compliance with the NPIs raises the legitimate concern that even though persisting NPI restrictions did succeed in depressing caseloads their efficacy was probably significantly less than would have been the case if compliance was higher. Public non-compliance (or rather the non-compliance of large numbers of people) increased the number of hospitalizations and deaths. The pandemic was not merely a story of government failure but of community failure. This was especially a failure of the publics of the West and of the Global North. My argument is that this failure may be understood as a consequence of decivilization.

According to Norbert Elias, decivilization denoted interruptions and reversals of the civilizing process (Elias, 1991, 2000). The civilization process in turn was simply the modernization process conveyed by the development of the nation state and commercial society. For Elias, the formation of national citizenries and the acceleration of markets progressively undermined inter-group and intra-group antagonisms and made for increasingly cohesive, integrated societies (Elias, 1991, 2000). However, contrary to Elias, decivilization may be understood not as a reversal of civilizing processes but as the "other face" of these same processes.

Decivilization and Individualism

This "other face" of modernization includes the nurturing of cultural sensibilities in people that are corrosive of the social bond and which therefore weaken collective responses to crisis events such as COVID-19. Decivilizing mechanisms in the cultural sphere are energised by egocentric rights-focused individualisms driven to some degree by a sense of consumer entitlements that licenses people to make self-centred cost-benefit decisions over whether to follow social rules or to disregard them. Egoistic individualisms allowed people to see it as their right to determine whether or not they should obey NPIs based on consideration primarily of their own best interest (Creaven, 2024a, pp. 247-50; Ryan & Nanda, 2023, p.107; Sachs, 2021, p. 100).

These enabled people to make decisions on whether or not to comply with NPIs on the basis mostly of judgements of self-risk, or of risk to intimates in their interpersonal circles, rather than on the basis of *societal* risk, i.e. risk to the unacquainted multitude of a wider

community. Such a "rational" calculus would be made on the basis of judgement on the likelihood or odds of they themselves (or those dear to them) becoming ill from COVID-19 balanced against the personal inconvenience of compliance with NPIs on behalf of others (Creaven, 2024a, p. 248). This is indicative that the biggest motivator of conformity to pandemic NPIs for most people – at least in the West – was not pro-social values (desire to protect people in general or vulnerable others) but "functional fear" of the harm that COVID-19 may cause to oneself and to one's loved ones. Such is supported by survey data (Wright et al., 2021).

Such explains the decline in public compliance with NPIs that set in almost from the start of the pandemic – especially in the North Atlantic region. This happened because as people's "risk perceptions" of viral hazards were reduced, which happened over time as they evaded serious illness or as they perceived known others evading serious illness, they were incentivized to reduce or abandon their compliance with NPIs. In effect, they abandoned the Generalized Other (including "vulnerable others") to their fate. Belief that COVID-19 was low risk to one's own self and to those in one's own intimate circle was indeed one of those factors most commonly associated with non-compliance (Olsen & Hjorth, 2020; Rasul & Giuliano, 2020; Tomczyk et al., 2020). This is why people who believed that the virus was low risk had the lowest self-reported compliance overall, according to research (Wright et al., 2022). This was also one important reason why non-compliance in the pandemic was much more associated with young adults than with senior adults (Hills & Eraso, 2021; Kamenidou et al., 2020; Oosterhoff & Palmer, 2020; Six et al., 2021; Wright & Fancourt, 2021). Young people were simply those least likely to be made seriously ill from catching COVID-19.

These modes of individualism also licensed people to regard the temporary imposition of relatively trivial inconveniences (e.g. wearing a face mask in a public setting, or maintaining physical distancing) as a grievous assault on entitlements, injurious to self and personal wellbeing. Therefore, a commonly stated reason for flaunting NPIs was the need to uphold individual freedoms – especially freedom of association and of consumer and leisure opportunities. Even the "liberty" of disregarding mask-wearing norms was upheld by some as integral to citizenship. This close identification of personal liberty with unbridled freedom to pursue the libidinal pleasures, in the tooth and claw of the pandemic, was aptly expressed by an American social media poster who declared that "at the end of the day, I'm not gonna let it stop me from partying" (Cummings, 2020).

This arguably shows that an important motivation for non-compliance with NPIs among many was indeed this narrow subjectivized perception of (usually consumer-focused) rights and entitlements that leaves no room for recognizing communal or social obligations. Individualized rights-consumerism is thereby established as a force of decivilization in that this subordinates the social to the personal and in doing so undermines collective wellbeing and community solidarity. Owing to the prevalence of such individualisms in contemporary cultures, pandemic management policies were placed under pressure to compromise stringency of NPIs that have been shown to be necessary to curb outbreaks, ease pressures on healthcare systems, and save lives. This was in order to maintain higher levels of public compliance with lesser measures that were experienced as less burdensome.[4]

[4] N'Konzi et al. (2022) actually recommend this dilution of stringency of controls to prevent non-compliance. This is even though they acknowledge that stringency of NPIs is necessary to curb pandemics. Basically, their pragmatism takes as given that people are unreformable because the culture that supports and nurtures narrow rights-based individualism is also taken as a given.

Decivilization as individualization, I contend, is a pervasive feature of all contemporary cultures. But this is especially the case in the developed countries where consumerism extends into all corners of social life. This quite plausibly may account for the sharp variations in conformity to the NPIs between the developed West and much of the Global South, including and especially Southeast Asia. But decivilization as the"other face" of modernization has a structural as well as cultural aspect.

Decivilization and Injustice

This manifests especially as the reproduction of ever-deepening inequalities by social class within countries and internationally under the auspices of intensifying international capitalist competition (Alvaredo et al., 2018; Creaven, 2024a; Piketty, 2014; Westergaard, 1995). The hardening of the injustice of inequality since the closing decades of the twentieth century has furnished the multitude of working poor – included amongst which are the so-called precariat of low-income, low-status, (mostly) service sector, disproportionately informal sector, often zero-hours contracted employees – with compelling economic reasons to set aside those pandemic NPIs that would undermine their ability to make ends meet or partake (albeit on the fringes) of consumer opportunity.

Not only that, but this also ferments in many of them distrustful resentments and antagonisms towards "wealthy achievers" (to borrow a term from the *British Crime Survey* of a few years ago) and towards political establishments supportive or tolerant of social orders in which they are marginalized. Such further weakens, for millions of people, at least in potential, collective responses to pandemic events such as COVID-19. Disunified populations riven with distrust and rancour, fermented by hyper-competition and grossly asymmetric returns in deregulated labour markets (Brown, 2015, 2019; Cooper, 2017) are not likely to purvey unified community responses to crises such as global pandemics. This is because these depend on people believing they are all "in the same boat", and "all for one and one for all", facing the same privations, which runs into the buffers of privilege and deprivilege, of advantage and disadvantage (Creaven, 2024a, pp. 246, 250-52).

Radicalizing social inequality between groups is certainly a source of decivilization, since this increases feelings of injustice among those at the wrong end of these divides alongside a sense of insecurity owing to the sense of precarity they experience. This would also explain the phenomenon of mistrustful alienation from the political authority of the state that is especially to be found among large numbers of the poor and ethnically oppressed in developed countries such as the UK and USA (Brown, 2019; Creaven, 2024a). Such feelings are not devoid of a rational basis because in fact class polarization has been driven not simply by untrammelled market forces but by neoliberal policies of government that have imposed these forces on the world and which in doing so have empowered and enriched corporate elites at the expense of wage-earners. This is part of the explanation of why wild conspiracy stories claiming that state-mandated NPIs and vaccination programmes were serving the "hidden agendas" of power tended to go viral on social media during the pandemic.

Decivilization and the Assault on Public Life

The neoliberal age has brought about a general diminution of public life across the globe, albeit to varying degrees, depending on the degree of neoliberalization of state policy-making in different countries (Clarke & Newman, 1997; Dumenil & Levy, 2004; Glyn, 2006; Leys, 2003). Such has resulted from the retrenchment of the welfare state (Fallov & Blad, 2018).

Howard, 1997; Kus, 2006; Law & Mooney, 2007; Pierson, 2002; Piven, 2015; Taylor-Gooby, 2013; Toynbee & Walker, 2017a; Toynbee & Walker, 2017b), the privatization or marketization of public services such as health, housing, education and social care (Ball, 2012; Callinicos, 2006; Carey, 2019; Clarke et al., 2005; Gilbert, 2002; Giroux, 2014; Gosling, 2013; Hermann, 2010; Himmelweit, 2014; Jones, 2015; Krachler & Greer, 2015; Lynch et al., 2012; Pollock, 2003; Rikowski, 2006; Whitfield, 2001, 2013), and (in the UK, EU and the USA) more than a decade of austerity politics (Blakeley, 2018; Brown, 2015; Creaven, 2023; Mendoza, 2015). This attack on collective life has reinforced the tendencies of the capitalist mode to atomize or individualize the citizenry on the terrain of economistic, familial, and consumerist self-interest (Brown, 2015, 2019; Cooper, 2017). This is by basically dismantling social-welfare support structures for people's lives, thereby forcing them into greater reliance on strategies of self-reliance, self-care, and self-advocacy, in competition with and in opposition to other people.

Neoliberal reforms have thus weakened the institutional and cultural redoubts against instrumental individualism and social injustice that were constructed in the developed countries in the postwar era. This has rendered those people most adversely impacted by the assault on public life (especially on social and welfare support services) especially vulnerable to decivilizing pressures. For these are least included in and most marginalized – economically, politically and culturally – from the life of a society. These people are the ones most likely to have lower trust or confidence in government – and low trust in political authority is established by a number of studies as a factor of non-compliance with pandemic NPIs (Creaven, 2024a). These people are also more vulnerable to feelings of detachment from community life or pro-social values – which is also a factor associated with non-compliance with pandemic NPIs, according to research (Creaven, 2024a).

Such supports the decivilization thesis as an explanation of non-compliance with pandemic NPIs. Decivilizing processes are those which weaken or undermine people's identification with normative and civic order. This would account for why non-compliance with pandemic NPIs was much more common among the economically deprived and racially oppressed than among others, according to research (Creaven, 2024a; Ganslmeier et al., 2022; Garnier et al., 2020; Ölcer et al., 2020). The non-compliant were drawn especially from the "precariat" – the casualized or semi-casualized ranks of the lower working class, the denizens of the G-economy, whose members are drawn especially from the ethnically oppressed. For them, one likely reason for this was that the community-bonding rhetoric of national togetherness spun by governments that was intended to bind people to the NPIs did not chime with their experiences of marginalization and exclusion from civil society and of disregard by the state.

This perspective is supported by research looking at social media postings during the pandemic. People cited fear of redundancy or loss of vital income ("money to survive" in opposition to protecting health) as reasons for disregarding "stay at home" guidance or restrictions, for example. They also expressed scepticism over the sufficiency of support for stay-at-home workers. Government aid was thought to be skewed towards big business and the wealthy rather than "the likes of us", i.e. ordinary wage earners and the genuinely needy (Ölcer et al., 2020, p. 6). Postings such as these not only expressed class realities and their attendant grievances but also a lively anti-corporate and anti-neoliberal sensibility. This was hardly arbitrary but was evidence-based and experiential.[5]

[5] As is demonstrated by Robert Brenner's (2020) analysis of government pandemic financial assistance programmes in the USA.

Conclusion

Decivilization is not simply a story of *exceptionalism* – of the "breakdown" of modernity or of a temporary "fall-back" or "regression" to a more uncivil premodernity, as Elias contends. Rather, this is part of the story of capitalist modernization itself. The civilizing process is, I contend, simultaneously a decivilizing process. Decivilization is the consequence of the damages inflicted on the social bond by the impacts of the free enterprise economy, by a narrow individuated consumer-oriented rights culture, and by the undermining of public and community life in the service of private commercial interests by the neoliberal state. Decivilizing processes are those which weaken or undermine normative order and the sense of a collective bond that would bolster community-level obligations or commitments.

The unevenness and inconsistency of the people response to those pandemic NPIs exhorted or mandated by political authorities across the world has brought these chickens home to roost. For these threw into stark exposure the baneful impact of decivilizing pressures in exacerbating and prolonging the COVID-19 crisis. The pandemic was undoubtedly a story of political failure as neoliberal governments prioritized profits over public health. This was evidenced by vaccine nationalism and imperialism on an international scale (Creaven, 2024a), deferred lockdowns and fast-tracked de-escalation of lockdown protections in countries such as the UK (Creaven, 2023), in some cases even a refusal to mandate NPIs or to encourage public scepticism regarding their efficacy (Creaven, 2023, 2024a). But this was also a story of community-level failure to deliver sufficiently on public health protections – especially and disproportionately (though not exclusively) in the high-income countries of the Global North (Creaven, 2024a; Sachs, 2021).

The deleterious impacts of an individualism of rights without responsibilities, and of the divisions and exclusions of class and status, as these have radicalized in the neoliberal era, are fracturing the societal bond. During the pandemic, these conduits of decivilization undermined the force of government narratives making appeal to a unitary community ("we're all in it together") to solidarize public compliance with the NPIs. These experiences do not bode well for humanity's prospects in the event of another global pandemic. Such is far from unlikely in the none-to-distant future under conditions of zoonotic accelerationism (Creaven, 2024b, pp. 4-6, 212-14, 255, 285). A global pandemic potentially more harmful than COVID-19 within a few decades is feasible. However, the relatively strong performance of Southeast Asia in reducing pandemic harms offers a glimmer of hope that the world could do better next time. This is because these benefits were demonstrably earned by peoples who made a decent fist of the NPIs, and who did so because their cultures were less individualized and more pro-social than many others. The West in particular has lessons to learn.

References

Alvaredo, F., Chancel, L, Piketty, T., Saez, E., & Zucma, G. (2018). *World Inequality Report 2018: Executive Summary*. World Inequality Lab (online).

Askitas, N., Tatsiramos, K., & Verheyden, B. (2021). 'Estimating worldwide effects of non-pharmaceutical interventions on COVID-19 incidence and population mobility patterns using a multiple-event study'. *Scientific Reports*, *11*(1972), pp. 1–13.

Ball, S. J. (2012). *Global Education Inc.: New Policy Networks and the Neoliberal Imaginary*. Routledge.

Banholzer, N., van Weenen, E., Lison, A., Cenedese, A., Seeliger, A., Kratzwald, B., Tschernutter, D., Salles, J. P., Bottrighi, P., Lehtinen, S., Feuerriegel, S., & Vach, V. (2021). Estimating the effects of non-pharmaceutical interventions on the number of new infections with COVID-19 during the first epidemic wave. *PLoS ONE*, *16*(6), 1–16.

Blakeley, G. (2018). Years of Austerity Have Created a Welfare State for the Middle Class'. *Vice*. (5 November).

Brenner, R. (2020). Escalating Plunder. *New Left Review*, 123 (May/June), pp. 5–22.

Brown, W. (2015). *Undoing the demos: Neoliberalism's Stealth Revolution*. Zone Books.

Brown, W. (2019). *In the Ruins of Neoliberalism: The Rise of Anti-Democratic Politics in the West*. Columbia University Press.

Brüggenjürgen, B., Stricker, H-P., Krist, L., Ortiz, M., Reinhold, T., Roll, S., Rotter, G., Weikert, B., Wiese-Posselt, M., & Willich, S. N. (2023). 'Impact of public health interventions to curb SARS-CoV-2 spread assessed by an evidence-educated Delphi panel and tailored SEIR model'. *Journal of Public Health: From Theory to Practice*, *31*(4), 539–52.

Callinicos, A. (2006). *Universities in a Neoliberal World*. Bookmarks.

Carey, M. (2019). Some Ethical Limitations of Privatising and Marketizing Social Care and Social Work Provision in England for Children and Young People. *Ethics and Social Welfare*, *13*(3), 272–87.

Chu, D. K., Duda, S., Solo, K., Yaacoub, S., & Schunemann, H. (2020). 'Physical distancing, face masks, and eye protection to prevent person-to-person transmission of SARS-CoV-2 and COVID-19: a systematic review and meta-analysis'. *Lancet*, *395*(10242), 1973–87.

Clarke, J. & Newman, J. (1997). *The Managerial State*: *Power*, *Politics and Ideology in the Remaking of Social Welfare*. Sage.

Clarke, J., Smith, N., & Vidler, E. (2005). 'Consumerism and the reform of public services: inequalities and instabilities'. *Social Policy Review 7*. Polity Press.

Clarke, J., Smith, N., & Vidler, E. (2005). Nine: Consumerism and the reform of public services: inequalities and instabilities. In M. Powell, L. Bauld and K. Clarke (Eds.), *Social Policy Review 17*. Policy Press. https://doi.org/10.51952/9781847421302.ch009

Cooper, M. (2017). *Family Values: Between Neoliberalism and the New Social Conservatism*. Zone Books.

Creaven, S. (2023). *The Pandemic in Britain: COVID-19, British Exceptionalism, and Neoliberalism*. Routledge.

Creaven, S. (2024a). *Modernity and the Pandemic; Decivilization, Imperialism, and COVID-19*. Routledge.

Creaven, S. (2024b). *Contagion Capitalism: Pandemics in the Corporate Age*. Routledge.

Cummings, E. (2020). 'A likely culprit in Covid-19 surges: People hell-bent on ignoring social distancing orders'. *Vox*. (2 July).

Dandekar, R. A., Henderson, S. G., Jansen, M., Moka, S., Nazarathy, Y., Rackauckas, C., Taylor, P. G., & Vuorinen, A. (2021). 'Safe blues: a method for estimation and control in the fight against COVID-19. *Patterns*, *2*(3), 1–9.

Ding, H. (2014). Transnational quarantine rhetorics: public mobilization in SARS and in H1N1 Flu. *Journal of Medical Humanities*, *35*(2), 191–210.

Dumenil, G., & Levy, D. (2004). *Capital Resurgent: Roots of the Neoliberal Revolution*. Harvard University Press.

Durham, D. P., & Casman, E. A. (2012). 'Incorporating individual health protective decisions into disease transmission models: a mathematical framework'. *Journal of the Royal Society Interface*, *9*(68), 562–570.

Elias, N. (1991). *The Society of Individuals*. Basil Blackwell.

Elias, N. (2000). *The Civilizing Process: Sociogenetic and Psychogenetic Investigations*. (Revised edition). [1939]. Blackwell.

Fair, K. R., Karatayev, V. A., Anand, M., & Baych, C. T. (2022). 'Estimating COVID-19 cases and deaths prevented by non-pharmaceutical interventions, and the impact of individual actions: A retrospective model-based analysis'. *Epidemics*, *39*(100557), 1–9.

Fallov, M. A. & Blad, C. (eds). (2018). *Social Welfare Responses in a Neoliberal Era: Policies, Practices and Social Problems*. Brill.

Flaxman, S. Mishra, S., Gandy, A., Unwin, H. J. T., Mellan, T. A., Coupland, H., Whittaker, C., Zhu, H., Breah, T., Monad, M., Ghani, A. C., Donnelly, C. A., Riley, S., Vollmer, M. A. C., Ferguson, N. M., Okell, A. C., & Bhat, S. (2020a). 'Estimating the effects of non-pharmaceutical interventions on COVID-19 in Europe'. *Nature*, *584*, 257–61.

Flaxman. S., Gandy, A., Unwin, H. J. T., Coupland, H., Mellan, T. A., Zhu, H., Breah, T., Eaton, J. W., Guzman, P. N. P., Schmidt, N., Cilloni, L., Ainslie, K. E. C., Baguelin, M., Blake, I., Boonyasiri, A., Boyd, O., Cattarino, L., Ciavarella , C., Cooper, L. …& Bhatt, S. (2020b). Report 13: estimating the number of infections and the impact of non-pharmaceutical interventions on COVID-19 in 11 European countries. *Nature*, *584*, 257–61.

Ganslmeier, M., Van Parys, J., & Vlandas, T. (2022). Compliance with the first UK covid-19 lockdown and the compounding effects of weather. *Scientific Reports*, *12*(3821), 1–10.

Garnier, R. Benetka, J. R., Kraemer, J., & Bansal, S. (2020). Socio-economic disparities in social distancing during the COVID-19 pandemic in the United States. NCBI: PMC (online). (9 November)

Gilbert, N. (2002). *The Transformations of the Welfare State*. Princeton University Press.

Giordano, G., Blanchini, F., Bruno, R., Colaneri, P., Filippon, A. D., Matteo, A., & Colaneri, M. (2020). Modelling the COVID-19 epidemic and implementation of population-wide interventions in Italy. *Nature Medicine, 26*, 855–60.

Giroux, H.A. (2014). *Neoliberalism's War on Higher Education.* Haymarket Books.

Glass, R. J., Glass, L. M., Beyeler, W. E., & Min, H. J. (2006). 'Targeted social distancing designs for pandemic influenza'. *Emerging Infectious Diseases*, *12*(11), 1671–81.

Glyn, A. (2006). *Capitalism Unleashed: Finance, Globalization and Welfare*. Oxford University Press.

Gosling, J. (2013). Privatising the NHS. *International Socialism, 139*(Summer), 77–98.

He, Y., Chen, Y., Yang, L., Zhou, Y., Ye, R., & Wang, X. (2022). 'The impact of multi-level interventions on the second-wave SARS-CoV-2 transmission in China'. *PLoS ONE*, *17*(9), 1–12.

Helliwell. (Ed.) *World Happiness Report, 2021*(online), pp. 92–106.

Hermann, C. (2010). 'The marketization of health care in Europe'. *Socialist Register*, *46*, 125–44.

Hills, S. & Eraso, Y. (2021). 'Factors associated with non-adherence to social distancing rules during the COVID-19 pandemic: a logistic regression analysis'. *BMC Public Health*, *21*(352), 1–25.

Himmelweit, S. (2014). The marketization of care before and during austerity. *IIPPE Annual Conference Proceedings* (07/09/2014).

Hofstede, G., Hofstede, G. J., & Minkov, M. (2010). *Cultures and Organizations: Software of the Mind*. (3rd edition). McGraw Hill.

Howard, M. (1997). Cutting Social Security. C. Walker and A. Walker (Eds.) *Britain Divided: The Growth of Social Exclusion in the 1980s and 1990s*. Child Poverty Action Group.

Hsiang, S., Allen, D., Annan-Phan, S., Bell, K., Bolliger, I., Chong, T., Druckenmiller, H., Huang, L. Y., Hultgren, A., Kraspvich, E., Lau, P., Lee, J., Rolf, E., Tseng, J., & Wu, T. H. (2020). The effect of large-scale anti-contagion policies on the COVID-19 pandemic. *Nature*, *584*, 262–7.

Jones, A. (2015). The end game: The marketization and privatisation of children's social work and child protection. *Critical Social Policy*, *35*(4), 447–69.

Kamenidou, I. E, Stavrianea, A., & Liava, C. (2020). Achieving a Covid-19 Free Country: Citizens Preventive Measures and Communication Pathways. *International Journal of Environmental Research and Public Health*, *17*(13), 1–18.

Karimi, E., Schmitt, K., & Akgunduz, A. (2015). Effect of individual protective behaviors on influenza transmission: an agent-based model. *Health Care Management Science*, *18*(3), 318–33.

Kelso, J. K., Milne, G. J., & Kelly, H. (2009). 'Simulation suggests that rapid activation of social distancing can arrest epidemic development due to a novel strain of influenza'. *BMC Public Health*, *9*(117), 1–10.

Khataee, H., Scheuring, I., Czirok, A., & Neufeld, Z. (2021). 'Effects of social distancing on the spreading of COVID-19 inferred from mobile phone data'. *Scientific Reports, 11*(1661), 1–9.

Krachler, N., & Greer, I. (2015). When does marketization lead to privatisation? Profit-making in English health care after the 2012 Health and Social Care Act. *Social Science and Medicine*, *214*, 215–23.

Kucharski, A. J., Scheuring, I., Czirok, A., Neufeld, Z., & Khatsee, H. (2020). Early dynamics of transmission and control of COVID-19: a mathematical modelling study. *Lancet Infectious Diseases, 20*(5), 553–8.

Kupferschmidt, K., & Cohen, J. (2020). Will novel virus go pandemic or be contained? *Science*, *367*(6478), 610–11.

Kus, B. (2006). Neoliberalism, Institutional Change and the Welfare State: The Case of Britain and France. *International Journal of Comparative Sociology*, *47*(6), 488–525.

Law, A., & Mooney, G. (2007). 'Beyond New Labour: Work and Resistance in the "New" Welfare State'. G. Mooney and A. Law (eds). *New Labour, Hard Labour: Restructuring and resistance inside the welfare industry*. Policy Press.

Lewnard, J. A., & Lo, N. C. (2020). 'Scientific and ethical basis for social distancing interventions against COVID-19'. *Lancet Infectious Diseases*, *20*(6), 631–33.

Leys, C. (2003). *Market-Driven Politics: Neoliberal Democracy and the Public Interest*. Verso.

Lynch, K., Grummell, B., & Devine, D. (2012). *New Managerialism in Education: Commercialisation, Carelessness and Gender*. Macmillan.

Mendoza, K. A. (2015). *Austerity: The Demolition of the Welfare State and the Rise of the Zombie Economy*. New Internationalist Publishers.

Mohammadi, Z., Cojacuru, M.G., & Thommes, E. W. (2022). 'Human behaviour, NPI and mobility reduction effects on COVID-19 transmission in different countries of the world'. *BMC Public Health*, *22*(1594), 1–19.

Nanda, S. and Ryan, J.M. (2022). The Importance of Culture in Understanding the COVID-19 Pandemic. J.M. Ryan (Ed.) *COVID-19: Cultural Changes and Institutional Adaptations*. Routledge.

Neufeld, Z., Khataee, H., & Czirok, A. (2020). 'Targeted adaptive isolation strategy for COVID-19 pandemic'. *Infectious Disease Modelling, 5*(5), 357–61.

N'Konzi, J-P. N., Chukwu, C.W., & Nyabadza, F. (2022). 'Effect of time-varying adherence to non-pharmaceutical interventions on the occurrence of multiple epidemic waves: A modeling study'. *Frontiers in Public Health*, *10*(3389), 1–11.

Ölcer, S., Yilmaz-Aslan, Y., & Brzoska, P. (2020). Lay perspectives on social distancing and other official recommendations and regulations in the time of COVID-19: Aqualitative study of social media posts. *BMC Public Health*, *20*(963), 1–9.

Olsen, A.L., & Hjorth, F. (2020). *Willingness to distance in the COVID-19 pandemic*. OSF Home (online). [Preprint]. (30 March).

Oosterhoff, B., & Palmer, C. (2020). 'Psychological Correlates of News Monitoring, Social Distancing, Disinfecting, and Hoarding Behaviors among US Adolescents during the COVID-19 Pandemic'. *JAMA Paediatrics*, *174*(12), 1184–90.

Petherick, A., Goldsmidt, R., Andrade, E. B., Furst, R., Hale, T., Pott, A., & Wood, A. (2022). A worldwide assessment of changes in adherence to COVID-19 protective behaviours and hypothesized pandemic fatigue. *Nature Human Behaviour*, 5 (September), 1145–60.

Pierson, P. (2002). Coping with Permanent Austerity: Welfare State Restructuring in Affluent Democracies. *Revue Francaise de Sociologie*, *43*(2), 369–406.

Piketty, T. (2014). *Capital in the Twenty-First Century*. Harvard University Press.

Piven, F. C. (2015). Neoliberalism and the Welfare State. *Journal of International and Comparative Social Policy*, *31*(1), 2–9.

Pollock, A. M. (2003). NHS PLC. The Privatisation of Our Health Care. Verso.

Pozo-Martin, F., Weishaar, H., Cristea, F., Hanefield, J., Bahr, T., Schaade, L., & Bcheraoui, C. E. (2021). 'The impact of non-pharmaceutical interventions on COVID-19 epidemic growth in the 37 OECD member states'. *European Journal of Epidemiology*, *36*(6), 629–40.

Rasul, I., & Giuliano, P. (2020). *Who complies with social distancing measures in the pandemic?* Economics Observatory (online). (20 August).

Rikowski, G. (2006). *On the Capitalisation of Schools in England*. School of Education: University of Northampton.

Ryan, J. M. and Nanda, S. (2023). 'Pandemic Politics and the Politics of the Pandemic'.

Ryan (Ed.). *COVID-19: Individual Rights and Community Responsibilities*. Routledge.

Sachs, J. D. (2021). Reasons for Asia-Pacific Success in Suppressing COVID-19. J.

Salje, H., Tran Kiem, C., Lefrancq, N., Courtejoie, N., Bosetti, P., Paireau, J., Andronico, A,, Hozé, N., Richet, J., Dubost, C. L., Le Strat, Y., Lessler, J., Levy-Bruhl, D., Fontanet, A., Opatowski, L., Boelle, P. Y., & Cauchemez, S. (2020). Estimating the burden of SA.RS-CoV-2 in France. *Science*, *369*(6500), 208–11.

Silova, I., Komatsu, H., Rappleye, J. (2021). *Covid-19, Climate, and Culture: Facing the Crisis of (Neo) Liberal Individualism*. Network for international policies and cooperation in education and training (NORRAG).

Six, F., de Vadder, S., Glavina, M., Verhoest, K., & Pepermans, K. (2021). What drives compliance with COVID-19 measures over time? Explaining changing impacts with Goal Framing Theory. *Regulation & Governance* (7 October), 1–19.

Taylor-Gooby, P. (2013). *The Double Crisis of the Welfare State*. Palgrave-Macmillan.

Tomczyk, S., Rahn, M., & Schmidt, S. (2020). Social Distancing and Stigma: Association Between Compliance With Behavioral Recommendations, Risk Perception, and Stigmatizing Attitudes During the COVID-19 Outbreak. *Frontiers in Psychology*, *11*(1821), 1–9.

Toynbee, P. & Walker, D. (2017a). *Dismembered: How the Attack on the State Harms Us All*. Fabier.

Toynbee, P. & Walker, D. (2017b). 'Enemies of the State: The 40-year Tory project to shrink public services'. *Guardian*. (09/05/2017).

Westergaard, J. (1995). *Who Gets What? The Hardening of Class Inequality at the End of the Twentieth Century*. Polity Press.

Weston, D., Hauck, K., & Amlôt, R. (2018). 'Infection prevention behaviour and infectious disease modelling: a review of the literature and recommendations for the future'. *BMC Public Health*, *18*(336), 1–16.

Whitfield, D. (2001). *Public Services or Corporate Welfare: The Nation State in the Global Economy*. Pluto Press.

Whitfield, D. (2013). *UK Social Services: The Mutation of Privatisation*. European Services Strategy Unit (online).

Worldometer (2024). *COVID-19 CORONAVIRUS PANDEMIC: Reported Cases and Deaths by Country or Territory*. (Online). Accessed: 03/04/2024.

Wright, L., Elise, P., Steptoe, A., & Fancourt, D. (2021). 'Facilitators and barriers to compliance with COVID-19 guidelines: a structural topic modelling analysis of free-text data from 17,500 UK adults'. *BMC Public Health*, *22*(34), 1–22.

Wright, L., & Fancourt, D. (2021). 'Do predictors of adherence to pandemic guidelines change over time? A panel study of 22,000 UK adults during the COVID-19 pandemic'. *Preventive Medicine*, *153*(106877), 1–9.

Wright, L., Steptoe, A., & Fancourt, D. (2022). 'Trajectories of Compliance With COVID-19 Related Guidelines: Longitudinal Analyses of 50,000 UK Adults'. *Annals of Behavioral Medicine*, *56*(8), 781–90.

YouGov (2022). *Personal measures taken to avoid COVID-19* (online).