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Optimism and Social Resilience: Social Isolation, Meaninglessness, Trust, and Empathy in Times of COVID-19

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Abstract: Using the COVID-19 pandemic as an example of an existential threat, we conducted a nationwide survey in March 2020 asking 445 Americans about their hopes and fears, their opinions about the coronavirus pandemic, and their attitudes for getting through the public health crisis. In the present research, we examine the coronavirus pandemic as a complex problem and explore its effects on respondents' levels of optimism to resolve the public health crisis. While much existing research examines the influence of risk perception on optimism, we specifically measure how respondents' levels of empathy and trust affect social resilience and relate to hopes and fears for their personal health and public health in the United States. Specifically, we examine respondents' levels of trust in government and their neighbors as well as their levels of empathy, alienation, and social isolation. Our research confirmed the importance of empathy to counter the spread of the virus while preventing economic collapse. In addition, we found that relational factors such as alienation and trust affect individuals' levels of optimism or pessimism for getting through the public health crisis.

Keywords: optimism; hope; wicked problems; empathy; trust; alienation; COVID-19; public health

1. Introduction

More than 500,000 dead. Businesses shut down for months. The economy in the biggest downturn since the Great Depression. We are afraid of an enemy we cannot see, hear, or smell. The coronavirus has paralyzed the country and much of the world. COVID-19 is testing the resilience of societies across the globe. Resilience can be defined as "the ability of a system, community or society exposed to hazards to resist, absorb, accommodate, adapt to, transform and recover from the effects of a hazard in a timely and efficient manner" [1] (p. 1). In other words, resilience describes a person's, a family's, a group's, a community's, or a society's capacity to adapt successfully to challenges that threaten its functioning or survival. A resilient society "recognizes the pivotal transformative forces at play—climate change, globalization, urbanization, technological progress, and demographic patterns—and develops strategies to address systemic challenges and transform them into opportunities" [1] (p. 1).

Those strategies typically focus on the scientific, technological, or economic capacity to address existential threats, recover quickly from difficulties and reduce society's exposure and vulnerability to extreme events or other social, economic, or environmental shocks or disasters. What is often overlooked in existing attempts to strengthen social resilience is the impact of individuals on the success or failure of adaptation and resilience strategies. Whether individuals support or oppose specific policies, strategies or coping mechanisms depend on their attitudes and perceptions, which, in turn, are shaped by their overall outlook. If that outlook is positive, hopeful, and optimistic, individuals—and by extension their communities—will tend to be more resilient than if their outlook is negative, fearful, and pessimistic [2]. Any effective group response to threats depends on individuals rallying behind and identifying with the group's values and goals [3]. The more isolated and separated individuals are, the less they will be inclined to pull together in pursuit of

the group's shared goal(s) [4]. By contrast, the more hopeful and optimistic individuals are, the better able they will be to deal with uncomfortable emotions and handle situations that seem insurmountable.

The coronavirus and the disruption to the economy present intertwined complex problems—addressing one may amplify the other. While social distancing and mask wearing slow the spread of the virus, they also further slow the economy. Solutions that attempt to solve the public health and economic crises separately will likely fail or cause the intertwined problem to worsen. Any effective path to solving this and other complex problems must comprise the inclusion of and active collaboration among key actors and the support of the individuals they represent. If wearing face masks reduces the spread of the virus, more people wearing masks will reduce the overall risk of exposure. Consequently, infection rates will decline. While many Americans follow public health recommendations and wear masks in public to limit the virus from spreading, some refuse to wear them, arguing the face-mask requirement limits individual freedom. Complex problems are "pervaded by value and goal conflicts and that involve multiple arenas, actors, and publics" [5] (p. 8). Voluntary collaboration, Torfing argues, is the "process through which a plurality of actors aim to arrive at a common definition of problems and challenges, manage conflicts in a constructive way, and find joint solutions based on provisional agreements that may coexist with varying degrees of disagreement and dissent" [5] (p. 63).

Addressing complex problems in democracies requires majority support, i.e., the majority of citizens come together in agreement on a desired course of action. The larger the majority is, the higher the likelihood of sustainability of an agreement. Complex problems do not occur in a vacuum and cannot be solved by one actor, one institution, or one government. Instead, they are often intertwined with other complex problems, crossing sectors, borders, cultures, and interests. Every complex or "wicked" problem, Rittel and Webber suggest, "can be a symptom of another problem." If the problem is attacked "on too low a level (an increment), then success of resolution may result in making things worse, because it may become more difficult to deal with the higher problems" [6] (p. 165). Forming sustainable majorities requires broad-based agreement. Sustainable agreements, in turn, require (ideally inclusive) majority support. In functioning democracies, citizens entrust the political process to prevent or counter threats and improve living conditions. Functioning democracies are based on empathy and trust in others.

The more optimistic and hopeful individuals who make up a group or community are, the stronger that community's social resilience and its capacity to develop an effective group response to existential threats. A resilient society can more effectively and efficiently recover from existential threats and prevent their escalation [7]. Resilience relates to hope, i.e., the feeling of expectation and desire for a specific outcome such as peace, health, or prosperity. In contrast, fear describes the feeling that the desired goal is difficult or impossible to achieve and that its pursuit may end in failure.

In this study, we examine the perceptions of Americans toward one such threat—the coronavirus pandemic—and assess their attitudes for getting through this public health crisis. Local, state, and federal governments—as well as governments around the world—are leveraging different strategies to combat the spread (or effect) of COVID-19, from social distancing to complete community lockdowns. What all these strategies have in common is that they are based on hope, i.e., that with broad public cooperation, governments can develop effective solutions to a crisis that unfold rapidly and affect everybody. Society improves hope and strengthens resilience through empathy and trust. Conversely, fear may result in distrust, social alienation, and isolation. In the following section, we examine the coronavirus pandemic as a complex problem and explore its effects on respondents' levels of optimism or pessimism to resolve the public health crisis. While much of the existing research examines the influence of risk perception on optimism, we specifically measure how respondents' levels of empathy and trust affect social resilience and relate to hopes and fears for their personal health and public health in the United States.

2. Theoretical Background

Stressful life events have a significant influence on an individual's psychological functioning and well-being and can trigger psychological problems, including anxiety, confusion, social withdrawal, and depression [8]. Arslan et al. have found that an optimistic outlook can mediate stress created by the coronavirus pandemic [8]. Optimists tend to be able to accept the conditions that shape their lives better than pessimists [9]. Reed [10] found that optimism correlated positively with individuals' coping flexibility with psychological problems (e.g., stress) and well-being (e.g., life satisfaction).

In large representative democracies, individuals often feel removed from the political process (e.g., decisions about social distancing or face covering requirements) and may perceive that they have little influence over their future because major decisions concerning their lives are made by "those in power." This, in turn, may prompt feelings of alienation and social isolation, i.e., "separation from the group or of isolation from group standards" [11] (p. 755). Markus and Kitayama [12] found that individuals with strong social connections tend to value and promote the collective and show a greater sense of loyalty to groups or society.

Highly optimistic individuals tend to demonstrate higher levels of hope and lower levels of fear. These findings are in line with Cantril and Free's [13] self-anchoring striving hypotheses, i.e., that pessimists tend to feel higher levels of social isolation, meaninglessness, and lower levels of well-being and support of others [9].

2.1. Optimism

The extent of optimism in individuals depends on whether their focus is on themselves or others. "People tend to think they are invulnerable. They expect others to be victims of misfortune, not themselves" [14] (p. 1). Comparative optimism is the belief that negative events are less likely to happen to oneself than to others [15] (p. 1503). Perceived control, i.e., a person's belief that he or she has control over their internal state, is moderated through comparative optimism, which, in turn, encourages protective behaviors and enhances feelings of control over unfolding or unpredictable events [15]. Addressing emerging problems through finding solutions or gathering important information for decision making helps individuals cope with existential threats, such as the coronavirus pandemic [16]. Risk, perceptions of risk, and related attitudes may also be moderated by other factors. For example, Petzold et al. [16] found that anxiety and stress surrounding COVID-19 were more accurately determined by gender than by risk perception.

Research on comparative optimism has shown that there is bias in the way individuals assess themselves compared to others, especially when experiencing negative health events [17]. Optimism may influence individual attitudes and perceptions of the risk of contagion caused by COVID-19. Druică et al. [17] found that optimism bias may be most accurately determined by demographic factors such as age, education, or sex.

Unexpected life events often "audit our resilience" [18]. Social resilience is best understood as a process and not an outcome or solution to respond to problems [18,19]. Conceived as a process, resilience involves the ability to continue functioning and to recover from crisis situations [18]. Resilience is key to repairing society in the aftermath of an existential threat and can most generally be understood as an effective mechanism for overcoming difficult situations [20]. Resilience can enhance optimistic feelings and lead to measurable strategies for coping with crises [21]. Coping, in turn, describes the combination of adaptive capacities that form social resilience [22]. Resilience can be linked directly to optimism, satisfaction, and perceived well-being [23]. Additional research highlights the link between resilience and social or political trust [24]. Political messages can help create confidence (through image, speech, or message) and, in turn, boost or limit social resilience and optimistic outlook [25].

The combined wicked problems of COVID-19 and the economic recession have bitterly divided American society and affect Americans' outlook for the future. In a December 2020 survey, many respondents reported feeling optimistic about the new year considering

the anticipated availability of COVID-19 vaccines [26]. Those who described themselves as very optimistic were the most likely to say they will get immunized once vaccines are publicly available. In a similar study conducted in Canada, 15% were very optimistic and 70% were somewhat optimistic about a future with vaccines [26]. We expect similar results from our sample and hypothesize the following:

Hypothesis 1 (H1). *The majority of respondents will be optimistic about their personal health and the US public health crisis.*

2.2. Empathy

Davis defines empathy as "reactions of one individual to the observed experiences of another" [27] (p. 113) and distinguishes between empathy as a cognitive, intellectual response—i.e., one's ability to understand the other person's perspective—and a more visceral, emotional response [28]. Assessing both cognitive and affective aspects of empathy, Davis [27] developed the interpersonal reactivity index (IRI) to measure perspective taking (i.e., the likelihood of individuals to spontaneously adopt the psychological point of view of others), the ability to "transpose themselves imaginatively into the feelings and actions of fictitious characters in books, movies, and plays" [27] (p. 113), "other-oriented" feelings of sympathy and concern for unfortunate others, and "self-oriented" feelings of personal anxiety or unease in tense interpersonal settings. He found that higher perspective-taking scores were consistently associated with better social functioning and higher self-esteem. High levels of empathetic concern were indicative of shyness and anxiety but negatively related to egotism [27] (p. 121). Not surprisingly, personal distress was strongly associated with lower self-esteem and poor interpersonal functioning.

Experimental research in psychology has examined the impact of perspective taking and empathetic concern on negotiation outcomes and sustainability [29]. Perspective taking and empathic concern are both powerful cognitive and affective motivators for extending support to others, but the emotional aspect of empathetic concern has had a consistently stronger impact than perspective taking on strengthening social bonds and collaborative potential. On the other hand, perspective taking allows actors to attain resource-focused goals in strategic interactions, in which emotional engagement may cause a loss of focus [29]. Although both context and interest dependent, empathy can facilitate positive social interactions and relationships. Consequently, we hypothesize the following:

Hypothesis 2 (H2). *Individuals who experience more face-to-face contact (e.g., people living in urban areas or who are working in blue-collar jobs) or whose background (culturally or professionally) is more "other oriented" (e.g., Asians) will show higher levels of empathetic concern and perspective taking.*

2.3. Trust

Most generally, trust can be defined as "an individual's belief in and willingness to act on the words, actions and decisions of another" [30] (p. 25). Trust in negotiations increases the likelihood of attaining inclusive and sustainable agreements [31]. Lewicki and Wiethoff [32] distinguish calculus-based from the identification-based trust. Calculus-based trust is "the value of creating and sustaining trust in the relationship relative to the costs of sustaining or severing the relationship" [33] (p. 309). Relationships that depend on calculus-based trust remain intact if maintaining that trust yields outcomes favorable to breaching trust. Aiding the democratic process, calculus-based trust promotes accountability through explicit investments of time and resources and implicit investments in relationships, reputation building, and forging sustainable agreements [34].

By contrast, identification-based trust develops when "parties get to know each other and come to understand what they must do to sustain the other's trust. One comes to learn what really matters to the other and comes to place the same importance on those behaviors, qualities, expectations, and standards as the other does" [33] (p. 310). Instead

of analyzing risks and rewards, parties anticipate each other's actions and intentions based on understanding their respective interests, positions, and emotions [32]. In general, negotiations in which parties are aware of each other's vulnerabilities and desired outcomes experience greater trust building [35]. Similar to empathy, we expect trust to vary across demographic groups and hypothesize the following:

Hypothesis 3 (H3). *Trust in the government and the market will be higher among older generations, minority respondents, and individuals living in rural areas.*

2.4. Alienation

As the discussion above has shown, empathy and trust are related to individuals' overall emotional state in a given context. Previous studies showed that empathetic concern and perspective taking correlate positively with self-esteem and social functioning and negatively with egotism and alienation from others [36]. In desperate attempts to curb the spread of the coronavirus, governments across the United States imposed limits on social contact and large gatherings. Many states and municipalities went even further with shelter-in-place orders or complete lockdowns. Of course, social distancing separates individuals from one another and may boost feelings of alienation, meaninglessness, and social isolation. Already 70 years ago, Kris and Leites [37] (p. 283) observed that "individuals in the mass societies of the twentieth century are to an ever-increasing extent involved in public affairs; it becomes increasingly difficult to ignore them. However, 'ordinary' individuals have ever less the feeling that they can understand or influence the very events upon which their life and happiness is known to depend."

Earlier research in social psychology conceptualized alienation as being determined by several different factors, two of which—meaninglessness and social isolation—are particularly relevant to our research [11]. Meaninglessness refers to an individual's understanding of and perspective toward the events he/she is engaged in. Seeman explains, "we may speak of high alienation, in the meaninglessness usage, when the individual is unclear as to what he ought to believe—when the individual's minimal standards for clarity in decision-making are not met" [11] (p. 786).

Over the past half-century, advances in information and technology have propelled the United States and other industrialized countries into postindustrial, hyper-capitalist information societies [38]. In economic terms, providing services has increasingly replaced the traditional manufacturing of goods. In social terms, face-to-face relationships have been supplemented and even substituted by virtual online interactions and friendships formed through Facebook and other social media outlets. Today, we are no longer concerned about the worker's alienation from the product. Instead, we might be experiencing increasing levels of alienation from society and estrangement from one another [39]. Indeed, since the mid-1960s, in parallel to the technological advances, we have also been experiencing increasingly complex social conditions, as evidenced by the weakening of kinship ties, soaring immigration, climbing divorce rates, and rising crime. As a result, at the turn of the millennium, Fukuyama found that "trust and confidence in institutions went into a deep, forty-year decline. Many people in the United States and Europe expressed confidence in their governments and fellow citizens during the late 1950s; only a small minority did so by the early 1990s." He further observed that "the nature of people's involvement with one another changed as well. Although there is no evidence that people associated with each other less, their mutual ties tended to be less permanent, less engaged, and with smaller groups of people." [40] (pp. 4–5).

To what extent does this change in "the nature of people's involvement with each other" affect their values and attitudes and their perceptions of and empathy toward their fellow citizens? Especially in times of crisis, people need to pull together to minimize their social and economic impact. The more disrupted or divided society is, the more challenging it is to address existential threats, such as those brought on by the COVID-19 pandemic. The more alienated and isolated individuals are from one another and their

community, the lower their level of trust in government and other social institutions [40] and, consequently, the more difficult it will be to implement and enforce public safety measures. What does the pandemic do? What is our societal response? Are people whose lives depend on social interactions for their work or living arrangements more affected? If so, should we observe higher levels of social isolation and meaninglessness? The present research can help answer these questions more accurately.

Hypothesis 4 (H4). *Alienation during the COVID-19 pandemic (measured as both isolation and meaninglessness) will increase in demographic groups who rely more on face-to-face contact, especially when that contact is interrupted by measures limiting social contact.*

3. Method

3.1. Participants

To assess the impact of the coronavirus pandemic on levels of optimism or pessimism, we conducted an online nationwide survey on 27–28 March 2020 using Amazon's Mechanical Turk (MTurk) crowdsourcing platform to recruit participants. The study was open to US residents over the age of 18. We required participants to enter an MTurk code found at the end to be compensated for taking part in the research study online. Participants received USD 0.60 for their participation (a low subject payment typical in MTurk studies). We obtained consent from all participants prior to the completion of the online survey. The study was approved by the Kennesaw State University's Institutional Review Board (KSU-IRB #20-052). Overall, 445 of 544 respondents (a 72.7% response rate) who started the study met our threshold for inclusion.

Launched in 2005, MTurk has evolved into a widely used, quick, and inexpensive way to recruit participants for behavioral and social science studies with relatively high response rates and fast return times. Individuals may utilize MTurk as a "worker", i.e., an individual who participates in human intelligence tasks or "HITs" or a "requestor,", i.e., an individual who posts the HITs [41]. The more HITs workers participate in, the more efficient they become at completing surveys. For our survey, we required workers to have completed a minimum of 50 HITs.

Of course, to hire on as a "Turker," each worker needs to have stable access to a computer and the internet, basic computer skills, and a familiarity with navigating online platforms. These "job requirements" may preclude important segments of society from participating (e.g., the poor and the elderly) in online surveys. As a result, their perceptions, attitudes, and opinions may be underrepresented in our MTurk sample. Indeed, we found a representation skew in our data similar to those reported in other studies—a younger, more highly educated response sample with an overrepresentation of Asian-American participants. Although they are not fully representative of the US population, MTurk samples still tend to be more representative and transparent than studies that exclusively rely on samples of undergraduate college students. Keith et al. [41] (p. 5) conclude, "MTurk samples are not representations of the general population. We should carefully consider whether representativeness of national data should be the criterion, as organizational researchers have traditionally collected data from class settings (e.g., MBA or undergraduate), specific organizations/communities, and even other online panel data from survey companies where participant solicitation processes are not transparent."

3.2. Measures

3.2.1. Optimism/Pessimism

We measured respondents' levels of optimism or pessimism through the self-anchoring-striving scale developed by Hedley Cantril [13], which measures life satisfaction by asking respondents to describe their "best hopes" and "worst fears" and place the status of their lives on a "ladder" scale (see Appendix A) with steps numbered from 0 to 9, where 0 indicates the worst possible life and 9 the best possible life. A ladder was presented for each of the six questions. To assess levels of optimism or pessimism, we asked respondents

to compare the status of their personal health and of public health in the US, in general, today to what it was "five years ago" and what they think it will be "in five years from now." We defined optimists as individuals who had high hopes (values of 6 or higher). Conversely, we defined pessimists as individuals with high fears (values of 4 or lower on each ladder). Slightly more than 1 in 10 (12.6%) of respondents scored a 5 and were defined as "neither optimistic nor pessimistic."

3.2.2. Empathy

To assess empathy, we adapted 14 measures from the interpersonal reactivity index (IRI; Cronbach's alpha = 0.846). Consistent with earlier research [27], we split empathy scores into subscales measuring empathetic concern and perspective taking (see Appendix A).

3.2.3. Social Isolation

Social isolation refers to the extent to which individuals perceive a cleavage between themselves and others. "Those high in social isolation feel that social relations are no longer predictive and supportive, and that the individual is thrown on his own resources" [42] (p. 949). To measure social isolation, we used a modified version of Dean's [11] social isolation scale (α = 0.756).

3.2.4. Meaninglessness

To measure meaninglessness, we used nine items from the meaninglessness scale developed by Arthur Neal et al. [43]. The reliability for this scale was high (α = 0.814).

3.2.5. Trust Items

In addition to these established scales, we also asked respondents four questions measuring their self-described levels of trust in institutions and relationships to get through the coronavirus pandemic.

4. Results
4.1. Demographics

For comparison purposes, we split our sample into the following demographic sub-samples (see Table 1): sex (158 females, 254 males), age by generation (29 Baby Boomer; 73 Gen X; 293 Millennial; 15 Gen Z), ethnicity (233 white; 77 Indian; 32 Black; 36 Latino; 22 Asians), education level (82 below bachelor; 326 with bachelor or master), region (228 urban; 127 suburban; 55 rural), income (190 below USD 50,000; 213 above USD 50,000) and household composition (55 living in single-person households; 348 with more than just themselves in the household; 163 with no children under the age of 18; 244 with children under the age of 18; 256 with no one above the age of 60; 149 with members of their household over the age of 60). Blacks and Latinos did not show significant attitudinal differences and were combined to increase our sub-sample size for more meaningful statistical analyses.

4.2. Optimism and Pessimism

To address the extent to which Americans were optimistic about their personal health (H.1), we examined frequency distributions (see Table 2). More than 8 in 10 (80.7%) participants were hopeful about their personal health during the coronavirus pandemic (present ladder rating). Only 50 participants (11.2%) rated themselves with higher levels of fear about their own personal health. More than half (55.3%) of participants were hopeful toward pulling through the pandemic, while one-third (32.1%) tended to be fearful.

Table 1. Demographics for Sample.

		Frequency	*Percent*
Biological Sex	*Male*	254	62.0%
	Female	158	38.0%
Generation	*Baby Boomer*	29	7.1%
	Gen X	73	17.8%
	Millennial	293	71.5%
	Gen Z	15	3.7%
Ethnicity	*White*	233	58.3%
	Indian	77	19.3%
	Black	32	8.0%
	Latino	36	9.0%
	Asian	22	5.5%
Education	*Below Bachelors*	82	20.1%
	Bachelors or Masters	326	79.9%
Region	*Urban*	228	55.6%
	Suburban	127	31.0%
	Rural	55	13.4%
Income	*Below $50,000*	190	47.1%
	Above $50,000	213	52.9%
Household Composition	*Single person*	55	13.3%
	More than single	348	84.5%
	No children	163	39.6%
	Children under 18	244	59.2%
	No one above 60	256	62.1%
	Over 60 Present	149	36.2%

Table 2. Frequencies for Hopes and Fears.

Personal Health	*Frequency*	*Percent*
Hopeful	**359**	**80.7**
Fearful	50	11.2
Neither	36	8.1
US Public Health Crisis	*Frequency*	*Percent*
Hopeful	**246**	**55.3**
Fearful	143	32.1
Neither	56	12.6

We used an independent-samples *t*-test to examine differences in hopefulness between male and female respondents, and found that male (M = 5.89, SD = 1.88) tended to be significantly more optimistic than female (M = 5.21, SD = 2.20) respondents, $t(290) = -3.20$, $p = 0.002$. Higher levels of education (Bachelor or Master; M = 5.86, SD = 1.97) were significantly more optimistic that we could get through the health crisis than did those who had not completed any four-year college degree (M = 4.65, SD = 2.03), $t(120) = -4.83$, $p < 0.001$.

We used a one-way ANOVA to examine differences among ethnic groups and found that Blacks and Indians were most optimistic about the prospect of effectively addressing the public health crisis, $F(3) = 6.00$, $p = 0.001$ (see Table 3). Those with more face-to-face contact in their personal or professional relations are likely to find their lives more disrupted by the pandemic. As a result, we expected respondents living in urban areas, i.e., with more face-to-face contact, to be more pessimistic, but found that they were more optimistic than respondents who live in suburban or rural parts of the country, $F(2) = 10.56$, $p < 0.001$.

Table 3. Means of Hopes and Fears by Ethnicity and Region.

	Frequency	*M*	*SD*
Personal Health			
Present-Personal Health	**439**	**7.15**	**0.98**
Past-Personal Health	439	7.08 **	1.61
Future-Personal Health	440	7.05 **	1.53
US Public Health Crisis			
Present-US	**443**	**7.19**	**0.98**
Past-US	442	7.45 **	1.48
Future-US	441	7.32 **	1.48
Whites	**233**	**5.34**	**1.98**
Blacks or Latinos	67	5.84	1.99
Indians	77	6.42 **	1.98
Asians	22	5.41	2.09
Urban	**227**	**6.02**	**1.98**
Suburban	126	5.05 **	1.93
Rural	55	5.31 *	2.13

* Mean difference significant from the baseline (bold) on the 0.05 level. ** Mean difference significant from the baseline (bold) on the 0.001 level.

4.3. Outlook: Optimism Versus Pessimism

To assess respondents' overall outlook, we measured optimism/pessimism as a snapshot in time, based on their present ladder rating on the Cantril scale, and we also explored compared their past, present, and future ladder ratings (see Table 3). In terms of their personal health, respondents were more hopeful in the present (M = 7.15, SD = 0.98) than in the past (M = 7.08, SD = 1.61) or expected to be in the future (M = 7.05, SD = 1.53), $F(60) = 3.46$, $p < 0.001$. Similarly, for addressing the US public health crisis, participants tended to be more hopeful in the present (M = 7.45, SD = 0.98) than in the past (M = 7.19, SD = 1.48) or future (M = 7.32, SD = 1.48), F(60) = 6.57, $p < 0.001$. Participants had bleaker outlooks for the future than the present, which may be attributable to the fact that the present, in general, is less uncertain than the future.

4.4. Empathetic Concern and Perspective Taking

Since it is not clear whether low levels of empathy make people feel more alienated or whether feelings of alienation reduce empathy (H.2), we conducted correlational analyses and found the expected inverse relationships (see Table 4). Empathetic concern was negatively related to both social isolation ($r = -0.351$, $p < 0.001$) and meaninglessness ($r = -0.133$, $p = 0.006$). Similarly, perspective taking was also negatively related to social isolation ($r = -0.266$, $p < 0.001$) and meaninglessness ($r = -0.102$, $p = 0.031$).

Additionally, as one might expect, males were significantly less empathetic (M = 3.47, SD = 0.57) than females (M = 3.65, SD = 0.58) with significantly lower levels of both empathetic concern (M = 3.47 versus M = 3.71) and perspective taking (M = 3.46 versus M = 3.59). Liberals in our sample tended to show significantly higher levels of empathy (M = 3.60, SD = 0.59), empathetic concern (M = 3.62, SD = 0.70) and perspective taking (M = 3.58, SD = 0.60) than conservatives (M = 3.42, SD = 0.50; M = 3.46, SD = 0.61; and M = 3.38, SD = 0.52, respectively). Participants without a four-year college degree showed higher levels of empathy (M = 3.75, SD = 0.73) than those who held a bachelor's or master's degree (M = 3.48, SD = 0.52), $t(103) = 3.21$, $p = 002$. They showed both, higher levels empathetic concern (M = 3.83, SD = 0.80) and perspective taking (M = 3.68, SD = 0.75) than did their more highly educated counterparts (M = 3.49, SD = 0.63 and M = 3.46, SD = 0.55, respectively).

Table 4. Correlation Matrix for Empathy, Social Isolation, Meaningless and Trust.

	Empathy	**Empathetic Concern**	**Perspective Taking**	**Meaninglessness**	**Trust**	**Social Isolation**
Empathy	-					
Empathetic Concern	0.924 **	-				
Perspective Taking	0.892 **	0.651 **	-			
Meaninglessness	−0.131 **	−0.133 **	−0.103 *	-		
Trust	−0.063	−0.135 **	0.033	0.291 **	-	
Social Isolation	−0.351 **	−0.364 **	−0.266 **	0.674 **	0.268 **	-

* Correlation is significant at the 0.05 level (2-tailed). ** Correlation is significant at the 0.01 level (2-tailed).

We also found significant differences in empathy by ethnic background through one-way ANOVA and independent-samples *t*-tests (see Table 5 for means). Due to observed differences in levels of emotional concern and perspective taking between Asian and Indian respondents, we conducted separate analyses for respondents in either group. Overall, empathy significantly differed between ethnic backgrounds, $F(3) = 5.01$, $p = 0.002$, in which Indians showed significantly lower levels of empathy than Asians, $t(23) = −2.83$, $p = 0.009$, or whites, $t(270) = −4.66$, $p < 0.001$. Whites, on the other hand, showed lower empathy than Asians. When examining each subscale individually, empathetic concern differed significantly by ethnic background, $F(3) = 5.86$, $p = 0.001$, as did perspective taking, $F(3) = 3.59$, $p = 0.014$. Indians scored lower than Asians or whites on both subscales and general empathy. Overall, Asians showed higher levels of empathy than the other three groups, whereas Indians had the lowest levels.

Table 5. Means for Ethnicity, Region, and Generation and Dependent Measures.

Empathy	*Empathetic Concern*		*Perspective Taking*		*Overall*	
	M	*SD*	*M*	*SD*	*M*	*SD*
Asian (n = 22)	**3.71**	**0.73**	**3.81**	**0.65**	**3.77**	**0.69**
Black and Latino (n = 68)	3.49	0.68	3.54	0.55	3.52	0.51
Indian (n = 77)	3.30 **	0.40	3.36 *	0.37	3.33 *	0.30
White (n = 233)	3.66	0.73	3.52	0.65	3.59 **	0.30

Alienation	*Social Isolation*		*Meaninglessness*	
	M	*SD*	*M*	*SD*
White (n = 233)	**3.16**	**0.72**	**3.32**	**0.61**
Black and Latino (n = 68)	3.54 **	0.88	3.60 *	0.82
Indian (n = 77)	3.69 **	0.54	3.70 **	0.45
Asian (n = 22)	3.01	1.05	3.18	0.88
Urban (n = 228)	**3.49**	**0.70**	**3.52**	**0.64**
Suburban (n = 127)	3.08 *	0.82	3.27 *	0.69
Rural (n = 55)	3.25	0.76	3.45	0.70

Trust	*Market*		*Neighbor*		*Federal*		*Local*	
	M	*SD*	*M*	*SD*	*M*	*SD*	*M*	*SD*
White (n = 233)	**3.02**	**1.21**	**3.35**	**1.07**	**3.07**	**1.18**	**3.26**	**1.14**
Black and Latino (n = 68)	3.69 **	1.25	3.75 *	1.04	3.61 *	1.26	3.75 *	1.01
Indian (n = 77)	3.71 **	0.76	3.79 *	0.85	3.81 **	0.84	3.63 *	0.84
Asian (n = 22)	3.27	1.08	3.36	1.22	3.32	1.43	3.68	1.17
Urban (n = 228)			**3.48**	**1.03**				
Suburban (n = 127)			3.46 *	1.06				
Rural (n = 55)			3.51	1.20				
Millennials (n = 293)	**3.37**	**1.13**						
Gen Z (n = 15)	3.13	1.25						
Gen X (n = 73)	3.01 *	1.22						
Baby Boomers (n = 29)	2.86 *	1.33						

* Mean difference significant from the baseline (bold) at the 0.05 level. ** Mean difference significant from the baseline (bold) at the 0.001 level.

4.5. Trust Items

We tested each of the trust items (H3) with one-way ANOVA or independent-samples *t*-tests for each of the demographic groups. We asked participants whether they trusted the federal government "to lead us successfully through the current public health crisis," there was a significant difference between ethnicities, F(3) = 9.84, *p* < 0.001 (see Table 5). Blacks/Latinos had significantly higher trust in the federal government (M = 3.62, SD = 1.26) than whites (M = 3.07, SD = 1.19), *t*(299) = 3.29, *p* = 001. This might be explained by the fact that minorities may have more direct and perhaps negative experiences with governmental interference in their lives. Indians had significantly higher trust in the federal government (M = 3.82, SD = 0.84) than whites (M = 3.07, SD = 1.19), *t*(183) = 6.05, *p* < 001. Surprisingly, there is some indication that liberals were less trusting (M = 3.17, SD = 1.28) of the federal government than conservatives (M = 3.59, SD = 0.94), *t*(276) = −3.41, *p* = 0.001. This could be attributable to growing divisions in society, magnified by strong opposition among liberals to the Trump administration and its COVID-19 response. Respondents with higher education showed significantly higher levels of trust in the federal government (M = 3.46, SD = 1.12) than those with less education (M = 2.78, SD = 1.33), *t*(112) = −4.23, *p* < 001. Again, respondents with lower education levels may have experienced larger disruptions in their daily lives than those living and working in contexts less reliant on face-to-face contact.

When asked about trust in government at the local level, we also found significant differences among ethnic groups, F(3) = 5.31, *p* = 0.001 (see Table 5). Blacks/Latinos (M = 3.75, SD = 1.01) and Indians (M = 3.64, SD = 0.84) had significantly higher trust in local government than whites (M = 3.26, SD = 1.14 and M = 3.26, SD = 1.14, respectively). Respondents holding a bachelor's or master's degree had higher levels of trust in local government (M = 3.53, SD = 1.03) than those with less education.

When asked whether they trusted the market "to lead us successfully through the current public health crisis," we also found significant generational differences F(3) = 3.19, *p* = 0.024 (see Table 5). Millennials had significantly higher levels of trust in the market (M = 3.37, SD = 1.13) than baby boomers (M = 2.86, SD = 1.33), *t*(320) = −2.29, *p* = 0.023, or Gen Xers (M = 3.01, SD = 1.21), *t*(364) = −2.40, *p* = 0.017. Blacks/Latinos had significantly higher trust in markets (M = 3.69, SD = 1.25) than whites (M = 3.02, SD = 1.21), *t*(299) = 4.02, *p* < 001. Indians had significantly higher trust in markets (M = 3.71, SD = 0.76) than whites (M = 3.02, SD = 1.21), *t*(209) = 5.95, *p* < 001. We also found significant differences between geographic regions, F(2) = 3.96, *p* = 0.020. Those living in close proximity to others, i.e., urban areas, had higher levels of trust in the market (*M* = 3.41, *SD* = 1.16) than those living in the suburbs (M = 3.09, SD = 1.10), *t*(353) = 2.56, *p* = 011. This makes sense, given more face-to-face market interactions in cities. Not surprisingly, liberals trusted the market (M = 3.17, SD = 1.20) much less than conservatives (M = 3.51, SD = 1.06), *t*(338) = −2.49, *p* = 0.013, as did those with higher levels of education (M = 3.42, SD = 1.13) versus for those without a four-year college degree (M = 2.67, SD = 1.20).

We asked participants whether they trusted their neighbors "to do what's necessary to get through the current public health crisis," and found similar differences (see Table 5). Blacks and Latinos (M = 3.75, SD = 1.04) and Indians (M = 3.79, SD = 0.85) tended to trust their neighbors more than did whites (M = 3.35, SD = 1.07). Those with more education also showed higher levels of trust (M = 3.57, SD = 1.01) than those with less education (M = 3.13, SD = 1.22), *t*(111) = −3.03, *p* = 003.

4.6. Social Isolation and Meaninglessness

We used two independent-samples *t*-tests to examine the differences in levels of social isolation and meaninglessness (H4) for education level, generation, and income. Younger generations showed higher levels of social isolation. Specifically, baby boomers displayed significantly lower levels of social isolation (M = 2.62, SD = 0.78) than Gen Z (M = 3.75, SD = 0.60), *t*(42) = −4.89, *p* < 0.001. Participants with lower levels of education (below a bachelor's degree) tended to feel less isolated (M = 3.04, SD = 0.73) and meaningless

(M = 3.25, SD = 0.63) than those with more education (M = 3.41, SD = 0.77 and M = 3.49, SD = 0.67, respectively). This finding may be attributed to the fact that younger respondents may still attend school where face-to-face interactions have been moved online. Households that earned below USD 50,000 per year showed significantly higher levels of social isolation (M = 3.48, SD = 0.76) and meaninglessness (M = 3.54, SD = 0.64) than did respondents whose household income was above USD 50,000 (M = 3.20, SD = 0.76 and M = 3.35, SD = 0.70). The reason may be similar to our education finding. Lower-income Americans tend to work in environments that require face-to-face interactions, which have been limited during the pandemic.

We used one-way ANOVA and *t*-tests to examine differences and found that feelings of social isolation differed significantly between ethnic groups, F(3) = 13.43, *p* < 0.001 (see Table 5). Indians (M = 3.69, SD = 0.54) felt more isolated than Asians (M = 3.00, SD = 1.05), *t*(24) = 2.95, *p* = 0.007 or whites (M = 3.16, SD = 0.72), *t*(173) = 6.87, *p* < 0.001. Asians (M = 3.00, SD = 1.05) and whites (M = 3.16, SD = 0.72) felt significantly less isolated than did Blacks/Latinos (M = 3.54, SD = 0.88), *t*(88) = 2.37, *p* = 0.020. Not surprisingly, Blacks/Latinos felt significantly more isolated than whites, *t*(95) = 3.29, *p* = 0.001. Meaninglessness significantly differed between Indians (M = 3.71, SD = 0.45), Blacks/Latinos (M = 3.61, SD = 0.82), Asians (M = 3.18, SD = 0.88), and whites (M = 3.32, SD = 0.61), F(3) = 12.73, *p* < 0.001 (see Table 5).

Finally, respondents living in urban areas showed higher levels of social isolation (M = 3.49, SD = 0.70) and meaninglessness (M = 3.52, SD = 0.64) than did those living in suburban (M = 3.09, SD = 0.82 and M = 3.28, SD = 0.69, respectively) or rural areas (M = 3.25, SD = 0.76 and M = 3.45, SD = 0.70, respectively, see Table 5). Again, this may be attributable to greater disruptions in face-to-face interactions for people living in cities.

5. Discussion

In this article, we set out to examine the hopes and fears of Americans about the coronavirus pandemic in an online survey and assess their attitudes for getting through the public health crisis. Specifically, we examined respondents' levels of alienation and empathy for others in times of social distancing and severely restricted social interactions. Overall, we found respondents in our study were optimistic about their personal health and the ability of the country to get through the pandemic. Only about a third of respondents (32.1%; Table 2) seemed pessimistic, i.e., showed stronger fears than hopes, about the state of public health. In general, males were more optimistic than females as were respondents with higher levels of education. Not surprisingly, financial security also impacted hopes and fears. Participants living in more prosperous urban areas showed higher hopes than their counterparts living in rural areas. Given that our sample was younger and more highly educated than the American population, it is not surprising that respondents tended to be more optimistic about their own personal health than the state of public health in the United States.

Examining respondents' levels of empathy in detail confirmed an overall positive correlation between empathy and optimism. However, we found interesting differences when comparing empathy across demographics. Confirming earlier findings [44], women in our sample showed higher levels of empathy than men. Similarly, Asians showed higher levels of empathy than other ethnic groups, which could be attributable to the fact that Asian cultures tend to emphasize the collective over the individual [45]. Similarly, minority respondents also showed higher levels of empathy than white respondents, confirming a deficit in empathetic concern by non-minorities found in previous research [46]. In a 2020 Pew Research study, 57% of Blacks and Latinos (versus 33% of whites) viewed the coronavirus as a threat to personal health and found more optimism in the state of public health due to "proximity to people who frequently contact others" [47].

Our findings also revealed differences by education level. Respondents with lower levels of education seemed more able to take other's perspectives than those with a four-year college or graduate degree [48]. This could be related to the fact that their work and

life experiences may involve more face-to-face contact than is the case with individuals who are more used to operating in virtual and higher-tech environments. We did not ask respondents' occupations, but future research should explore the relationship between work experiences and empathy. Confirming earlier findings [49], and as evidenced also during the 2020 presidential election, respondents who described themselves as liberal showed higher levels of general empathy, empathetic concern, and perspective taking than respondents who described themselves as conservative. As discussions of face-mask requirements and "opening up the economy" illustrate, conservatives may take the pandemic situation less seriously [47]. In general, our findings indicate that those living in close proximity with others tend to show more empathy [50].

In times of national crisis, people come together and look to each other and the government to pull through [51]. Assessing respondents' levels of trust in the government, the market, and each other revealed further interesting differences. Overall, levels of trust were lower than expected with only slightly more than half of the respondents in our sample indicating they trusted the government or their neighbors to "do the right thing to get us through the crisis." As discussed earlier, addressing an existential crisis requires strong ties and high institution- and identification-based trust. While overall levels of trust among respondents were fairly low, minority and lower educated groups showed higher levels of institution-based trust than whites and more highly educated respondents, which may be the result of more direct experiences with governmental services among minority and lower educated and income respondents. These findings confirm the results of previous research related to trust in institutions [52].

In addition to empathy and trust, we also examined respondents' levels of alienation during the crisis as measured through social isolation and meaninglessness [43]. Given the impact of the coronavirus pandemic, we expected those individuals whose lives are most disrupted to show higher levels of social isolation and meaninglessness. Indeed, we found younger generations, respondents from minority and lower-income groups to display higher isolation and meaninglessness scores. Contrary to our expectations, respondents with higher education levels also showed higher levels of meaninglessness and social isolation. This could be because of the social and professional environment some of them operate in, they might already be more alienated from other members of society.

Limitations

Despite its growing popularity among social scientists, MTurk does have its limitations. Several studies have shown that MTurk samples differ from samples that are representative of the US population on some demographics. "MTurk samples tend to be more diverse in terms of education and age than college samples. Compared to community samples, MTurk samples appear to be younger and more educated; however, past research has not found these differences to be statistically significant" [41] (p. 5). At the same time, MTurk samples tend to have lower income levels and higher proportions of members from European and Asian-American backgrounds than are found among the US population [41].

The online-only nature of our study, partly due to health security implications for in-person surveying during the health pandemic, may have introduced a non-representativeness bias to our study. As observed in other studies using MTurk, our sample included significantly whiter, male, educated, liberal, urban, and millennial participants than that reflecting American society. In the future, a split-group sample should be used to test the differences in region, status, education, and political affiliations. There may have been more access to technology in our sample since more than half of respondents lived in urban access (228 participants), and only 13.4% lived in a rural environment (50 participants). Additionally, more than a quarter of participants (27.3%) were not—or only—partially included in our analysis due to missing responses to at least part of the survey.

6. Conclusions

The goal of our research was to assess the attitudes of Americans and their future outlook in times of an existential health crisis. Specifically, we confirmed the importance of empathy, as measured through concern for others and the ability to understand their perspectives for bringing a community or society together as a whole, to counter the spread of the virus while preventing economic collapse. Our research also showed that relational factors such as alienation and trust affect individuals' levels of optimism or pessimism for getting through the public health crisis. Echoing earlier research, our findings indicate that optimists might be better able to accept the conditions that shape their lives than are pessimists [9]. Reed [10] found that optimism correlated positively with individuals' coping flexibility with psychological problems (e.g., stress) and well-being (e.g., life satisfaction). Due to this, optimism is crucial to getting society through such crises.

As the pandemic hovered, conspiracy theories promulgating the "Big Lie" that Donald Trump actually won the 2020 presidential election gained momentum and led to violence and the 6 January storming of the Capitol by Trump supporters. The events of January 2021 have tarnished America's global image as a beacon of good governance, rule of law, and democracy and may have further eroded public trust in the government and fellow Americans during the pandemic [53]. Public trust cannot be (re-)built overnight. In a democracy, the government is the people. Their health and safety, their economic survival, and the connection to others are what make society. At times, freedoms may have to be severely limited through social distancing and shelter-in-place orders to ensure the safety of the many. The government is attempting to hold up its end of the social contract and protect its citizens. However, what if those citizens do not have much trust in the government? Or in their fellow citizens for that matter? Most encouraging in this respect is the fact that more than half of the respondents in our sample (56.1%) said they trusted their neighbors, while only one in six (16.2%) said they did not have such trust. This result, in conjunction with the many heroic stories we learn during this crisis, offers some hope that the fabric of American society is resilient, and that Americans together can overcome personal, social, and economic hardship. In the end, the virus that keeps people apart may actually bring them together.

Appendix A. Measures

Self-Anchoring Striving Scale (Cantril, 1965):

1.   How, on the ladder, would you rate your current personal state of health?
     a.   Where would you say your personal health was two years ago?
     b.   Where do you think your personal health will be in two years?
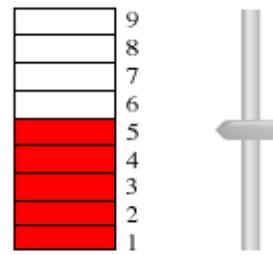
2. How, on the ladder, would you rate the current state of public health in the United States?
   a. Where would you say the state of public health in the United States was five years ago?
   b. Where do you think the state of public health in the United States will be in five years?
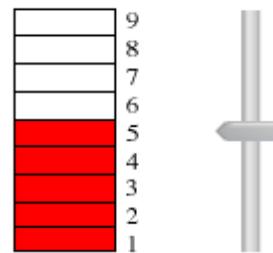
Interpersonal Reactivity Index (adapted from Davis, 1980; α = 0.846):

Empathetic Concern (α = 0.783):

1. I often have concerned feelings for people that are less fortunate than me.
2. I do not feel sorry when people have problems.
3. When I see people get taken advantage of, I feel protective toward them.
4. People's misfortunes do not disturb me a great deal.
5. When I see people being treated unfairly, I sometimes do not feel very much pity for them.
6. I am often quite touched emotionally by things that I see happen with people.
7. I would describe myself as a pretty soft-hearted person.

Perspective Taking (α = 0.717):

1. I sometimes find it difficult to see things from the viewpoints of another person.
2. I try to look at a disagreement from other people's view.
3. I try to understand people better by imagining how things look from their perspective.
4. If I am sure I am right, I do not look into people's arguments.
5. I believe that there are two sides to every argument and try to look at them both.
6. When I'm upset with people, I usually try to "put myself in their shoes" for a while.
7. Before criticizing people, I try to imagine how I would feel if I were in their place.

Social Isolation (Dean, 1961; α = 0.756):

1. There are few dependable ties between people anymore.
2. Sometimes I feel all alone in the world.
3. Most people are not really sincere in their relations with others.
4. The way things are now, a person has to look out pretty much for themselves.
5. Most married people in our country lead trapped (frustrated) lives.

Meaninglessness (Groat and Neal 1967; Neal and Rattig, 1967; α = 0.814):

1. The international situation is so complex that it just confuses a person to think about it.
2. One should live for today and let tomorrow take care of itself.
3. It's hard to sleep nights when you think about recurrent crises in the world and what would happen if they exploded.

4. With so many religions around, one really does not know which one to believe.
5. The only thing one can be sure of today is that one can be sure of nothing.
6. The tensions in the world today make one wonder whether one will be around in a few years or not.
7. Current political events have taken an unpredictable and destructive course.
8. Most people live lives of quiet desperation.
9. In spite of what some people say, the lot of the average person is getting worse, not better.

Trust Items:

1. I trust the federal government to lead us successfully through the current public health crisis.
2. I trust my local government to lead us successfully through the current public health crisis.
3. I trust the market to lead us successfully through the current public health crisis.
4. I trust my neighbors to do what's necessary to get through the current public health crisis.

References

1. United Nations. 2018 HLPF Thematic Review: Transformation towards Sustainable and Resilient Societies—Building Resilience. High-Level Political Forum on Sustainable Development. United Nations. Available online: https://sustainabledevelopment.un.org/content/documents/18829Together2030_Sectoral_Paper_HLPF2018.pdf (accessed on 15 January 2021).
2. Walsh, F. Loss and resilience in the time of COVID-19: Meaning making, hope, and transcendence. *Fam. Process* **2020**, *59*, 898–911. [CrossRef] [PubMed]
3. Forsyth, D.R. The psychology of groups. In *Noba Textbook Series: Psychology*; Biswas-Diener, R., Diener, E., Eds.; DEF Publishers: Champaign, IL, USA, 2021.
4. Schachter, S. *The Psychology of Affiliation: Experimental Studies of the Sources of Gregariousness*; Stanford University Press: Redwood City, CA, USA, 1959.
5. Torfing, J. *Collaborative Innovation in the Public Sector*; Georgetown University Press: Washington, DC, USA, 2016.
6. Rittel, H.W.; Webber, M.M. Dilemmas in a general theory of planning. *Policy Sci.* **1973**, *4*, 155–169. [CrossRef]
7. Daszak, P.; Keusch, G.T.; Phelan, A.L.; Johnson, C.K.; Osterholm, M.T. Infectious Disease Threats: A Rebound to Resilience: Commentary reviews the US approach to pandemic preparedness, its impact on the response to COVID-19, and offers policy options to strengthen US pandemic resilience. *Health Aff.* **2021**, *10*, 1377.
8. Arslan, G.; Yıldırım, M.; Tanhan, A.; Buluş, M.; Allen, K.A. Coronavirus stress, optimism-pessimism, psychological inflexibility, and psychological health: Psychometric properties of the Coronavirus Stress Measure. *Int. J. Mental Health Addict.* **2020**, 1–17. [CrossRef] [PubMed]
9. Fischer, R.; Chalmers, A. Is optimism universal? A meta-analytical investigation of optimism levels across 22 nations. *Personal. Individ. Differ.* **2008**, *45*, 378–382. [CrossRef]
10. Reed, D.J. Coping with occupational stress: The role of optimism and coping flexibility. *Psychol. Res. Behav. Manag.* **2016**, *9*, 71–79. [CrossRef] [PubMed]
11. Dean, D.G. Alienation: Its Meaning and Measurement. *Am. Sociol. Rev.* **1961**, *26*, 753. [CrossRef]
12. Markus, H.R.; Kitayama, S. Culture and the self: Implications for cognition, emotion, and motivation. *Psychol. Rev.* **1991**, *98*, 224. [CrossRef]
13. Cantril, H.; Free, L.A. Hopes and fears for self and country. *Am. Behav. Sci.* **1962**, *6*. Available online: https://search.proquest.com/openview/46b261c811ad74553c2b06c9feb270b6/1?pq-origsite=gscholar&cbl=1818336 (accessed on 15 January 2021).
14. Weinstein, N.D. The precaution adoption process. *Health Psychol.* **1988**, *7*, 355–386. [CrossRef]
15. Asimakopoulou, K.; Hoorens, V.; Speed, E.; Coulson, N.S.; Antoniszczak, D.; Collyer, F.; Deschrijver, E.; Dubbin, L.; Faulks, D.; Forsyth, R.; et al. Comparative optimism about infection and recovery from COVID-19; Implications for adherence with lockdown advice. *Health Expect.* **2020**, *23*, 1502–1511. [CrossRef] [PubMed]
16. Petzold, M.B.; Bendau, A.; Plag, J.; Pyrkosch, L.; Maricic, L.M.; Betzler, F.; Rogoll, J.; Große, J.; Ströhle, A. Risk, resilience, psychological distress, and anxiety at the beginning of the COVID-19 pandemic in Germany. *Brain Behav.* **2020**, *10*, 01745. [CrossRef] [PubMed]
17. Druică, E.; Musso, F.; Ianole-Călin, R. Optimism bias during the Covid-19 pandemic: Empirical evidence from Romania and Italy. *Games* **2020**, *11*, 39. [CrossRef]
18. Bryce, C.; Ring, P.; Ashby, S.; Wardman, J.K. Resilience in the face of uncertainty: Early lessons from the COVID-19 pandemic. *J. Risk Res.* **2020**, *23*, 880–887. [CrossRef]
19. Meyer, A.D. Adapting to Environmental Jolts. *Adm. Sci. Q.* **1982**, *27*, 515–537. [CrossRef] [PubMed]
20. Fernández-Prados, J.S.; Lozano-Díaz, A.; Muyor-Rodríguez, J. Factors explaining social resilience against COVID-19: The case of Spain. *Eur. Soc.* **2020**, *23*, 111–121. [CrossRef]

21. Frydenberg, E. *Coping and the Challenge of Resilience*; Palgrave Macmillan: London, UK, 2017.
22. Keck, M.; Sakdapolrak, P. What is social resilience? Lessons learned and ways forward. *Erdkunde* **2013**, *67*, 5–19. [CrossRef]
23. Denovan, A.; Macaskill, A. Stress and subjective well-being among first year UK undergraduate students. *J. Happiness Stud.* **2017**, *18*, 505–525. [CrossRef]
24. Helliwell, J.F.; Huang, H.; Wang, S. New evidence on trust and well-being. In *The Oxford Handbook of Social and Political Trust*; Uslaner, E.M., Ed.; Oxford University Press: New York, NY, USA, 2018; pp. 409–446.
25. Feldman, O.; Zmerli, S. *The Psychology of Political Communicators: How Politicians, Culture, and the Media Construct and Shape Public Discourse*; Routledge: New York, NY, USA, 2019.
26. Canadian Press Most Canadians Optimistic about 2021 in Light of COVID-19 Vaccines: Online Poll. Canadian Press. Published 20 December 2020. Available online: https://www.ctvnews.ca/health/coronavirus/most-canadians-optimistic-about-2021-in-light-of-covid-19-vaccines-online-poll-1.5239355 (accessed on 16 January 2021).
27. Davis, M. Measuring individual Differences in Empathy: Evidence for a Multidimensional Approach. *J. Personal. Soc. Psychol.* **1983**, *44*, 113–126. [CrossRef]
28. Sobhani, S.M. A Person-Centered Approach to the Role of Empathy in Negotiations. Master's Thesis, Saint Marry University, Halifax, NS, Canada, 2019.
29. Longmire, N.H.; Harrison, D.A. Seeing their side versus feeling their pain: Differential consequences of perspective-taking and empathy at work. *J. Appl. Psychol.* **2018**, *103*, 894–915. [CrossRef]
30. McAllister, D.J. Affect-and cognition-based trust as foundations for interpersonal cooperation in organizations. *Acad. Manag. J.* **1995**, *38*, 24–59.
31. Lu, S.C.; Kong, D.T.; Ferrin, D.L.; Dirks, K.T. What are the determinants of interpersonal trust in dyadic negotiations? Meta-analytic evidence and implications for future research. *J. Trust Res.* **2017**, *7*, 22–50. [CrossRef]
32. Lewicki, R.J.; Wiethoff, C. Trust, trust development, and trust repair. *Handb. Confl. Resolut. Theory Pract.* **2000**, *1*, 86–107.
33. Lewicki, R.J.; Barry, B.; Saunders, D.M. *Essentials of Negotiation*; McGraw-Hill Education: New York, NY, USA, 2016.
34. Franke, V.; Wolterstorff, E.; Wehlan, C. The Three Conditions: Solving Complex Problems through Self-Governing Agreements. *Int. Negot.* **2021**, in press.
35. Malhotra, D. Trust and reciprocity decisions: The differing perspectives of trustors and trusted parties. *Org. Behav. Human Decis. Process.* **2004**, *94*, 61–73. [CrossRef]
36. Zhu, Y.; Zhang, L.; Zhou, X.; Li, C.; Yang, D. The impact of social distancing during COVID-19: A conditional process model of negative emotions, alienation, affective disorders, and post-traumatic stress disorder. *J. Aff. Disord.* **2021**, *281*, 131–137. [CrossRef] [PubMed]
37. Kris, E.; Leites, N. Trends in twentieth century propaganda. In *Reader in Public Opinion and Communication*; Berelson, B., Janowitz, M., Eds.; The Free Press: Glencoe, NY, USA, 1950.
38. Rifkin, J. *The Age of Access: The New Culture of Hypercapitalism*; Penguin Putnam: New York, NY, USA, 2000.
39. Paul, M. How do we Balance it All? Stress, Women and American Society. Master's Thesis, Kennesaw State University, Kennesaw, GA, USA, 2018, unpublished.
40. Fukuyama, F. *The Great Disruption: Human Nature and the Reconstitution of Social Order*; Simon Schuster: New York, NY, USA, 2000.
41. Keith, M.; Tay, L.; Harms, P. Systems Perspective of Amazon Mechanical Turk for organizational Research: Review and Recommendations. *Front. Psychol.* **2017**, *8*, 1359. [CrossRef] [PubMed]
42. Groat, H.T.; Neal, A.G. Social Psychological Correlates of Urban Fertility. *Am. Soc. Rev.* **1967**, *32*, 945–959. [CrossRef]
43. Neal, A.; Rattig, S. On the Multidimensionality of Alienation. *Am. Soc. Rev.* **1967**, *32*, 54–64.
44. Gilet, A.L.; Mella, N.; Studer, J.; Grühn, D.; Labouvie-Vief, G. Assessing dispositional empathy in adults: A French validation of the Interpersonal Reactivity Index (IRI). *Can. J. Behav. Sci.* **2013**, *45*, 42. [CrossRef]
45. Lui, P.P.; Rollock, D. Greater than the sum of its parts: Development of a measure of collectivism among Asians. *Cult. Divers. Ethnic Minor. Psychol.* **2018**, *24*, 242. [CrossRef] [PubMed]
46. Hall, J.; Leary, M. The U.S. Has an Empathy Deficit. Scientific American. 2020. Available online: https://www.scientificamerican.com/article/the-us-has-an-empathy-deficit/ (accessed on 15 January 2021).
47. Tyson, A. Republicans Remain Far Less Likely than Democrats to View COVID-19 as a Major Threat to Public Health. Pew Research Center. 2020. Available online: https://www.pewresearch.org/fact-tank/2020/07/22/republicans-remain-far-less-likely-than-democrats-to-view-covid-19-as-a-major-threat-to-public-health/ (accessed on 16 January 2021).
48. Federico, C.M. Race, education, and individualism revisited. *J. Politics* **2006**, *68*, 600–610. [CrossRef]
49. Morris, S.G. Empathy and the Liberal-Conservative political divide in the US. *J. Soc. Political Psychol.* **2020**, *8*, 8–24. [CrossRef]
50. Mencl, J.; May, D.R. The effects of proximity and empathy on ethical decision-making: An exploratory investigation. *J. Bus. Ethics* **2009**, *85*, 201–226. [CrossRef]
51. Falcone, R.; Colì, E.; Felletti, S.; Sapienza, A.; Castelfranchi, C.; Paglieri, F. All We Need Is Trust: How the COVID-19 Outbreak Reconfigured Trust in Italian Public Institutions. *Front. Psychol.* **2020**, *11*, 561747. [CrossRef]
52. Cook, T.E.; Gronke, P. The skeptical American: Revisiting the meanings of trust in government and confidence in institutions. *J. Politics* **2005**, *67*, 784–803. [CrossRef]
53. Sucher, S.J.; Gupta, S. The Breach of the U.S. Capitol Was a Breach of Trust. Harvard Business Review. 2021. Available online: https://hbr.org/2021/01/the-breach-of-the-u-s-capitol-was-a-breach-of-trust (accessed on 15 January 2021).