‘Stability of trust in face of great uncertainty: impacts on trust during the Covid-19 pandemic’
–The Norwegian context

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“Trust is like blood pressure. It’s silent, vital to good health, and if abused it can be deadly”

-Frank Sonnenberg

Acknowledgements

After 5 years all together–of which 2 years of master studies–culminates into this thesis, I am finally at the end of my student life. It has been a steep learning curve, both in academic content, and personal growth. I will forever look back at this period of my life and remember it as the most challenging, giving and fulfilling time. It is kind of ambivalent, because as much as I want to get back to work, I've learned to love this dysfunctional and stressful way of living, all because of the way I get to challenge myself, sometimes stumbling, but most times showing myself and others, that I can rise to the occasion. In all these years I've had strong support from my family, who has always believed in me, for that I would like to thank them. But there are two pillars throughout these last few years I would never have survived without, first is my boyfriend, Eirik, who has stood by me all the way, ever since I decided to aim for higher education some 5 years ago. His support has been invaluable, in all aspects. Second is my dear friend and fellow student, Marija. Thanks for all the support, discussions and laughs we have shared throughout these years. Especially the discussions have contributed with so much insight and nuances I have never before considered.
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Summary

The theme of this thesis is stability of trust in the government and trust in their management of the Covid-19 pandemic in Norway. The purpose has been to see if there have been any changes, and in what context those changes have occurred in, with a particular focus on uncertainty and affect (emotional responses).

The theoretical foundation is based on institutional trust, stability of trust over time and factors that can influence trust and thereby affect stability. These factors are set to uncertainty and affect.

Using data from surveys retrieved from the Norwegian Health Directorate has enabled me to get a full view over the whole time-perspective the pandemic has been in progress.
These data are viewed and presented in the context of a timeline which shows the course of the pandemic in light of crisis management, that is the most significant changes in rules and regulations during the pandemic.

The conclusion is that the stability of trust in government during the Covid-19 pandemic shows to be stably high in general, however, there are tendencies of a small, yet stable decline in trust over time. High levels of uncertainty, however, amplifies in many cases the feeling of risk and promotes emotional responses, like worry to get infected, for example. Whereas one can argue if affect plays such an important role in relation to trust, that one can question whether or not one is actually measuring trust or affect, I argue that trust and affect, particularly in crisis, should not be viewed separate from the other.

Content

1. Introduction

Whenever crisis occur, authorities and other social actors responsible for managing risks are left dealing with the crisis, in addition they have to manage the issues surrounding legitimating their decisions and policies. In the midst of this, the public are often left experiencing a mixture of controversial and contradictory information from many parties (Renn & Levine, 1990, p. 175). The Covid-19 pandemic was no different. From the virus first was discovered to the pandemic was a fact and everything thereafter, the narrative has changed in line with the scientific upbuild of knowledge about the virus. How infectious is it? How dangerous is it? What are the risk factors? How fast can we find a cure or a vaccine for it? These were all questions that was long left unanswered, leaving decision makers without proper scientific grounds for their decisions on how to tackle the pandemic. In addition, selling the rationale behind their decisions to the public, with such a high degree of uncertainty, requires a certain amount of trust from the public and confidence that the authorities are making the best and most rational decisions possible based on their limited knowledge. On the other side of the spectrum are the public, dealing with confusion, fear and continuously being fed ambiguous information about other countries struggling to deal with this new virus. Thus, a reasonable question to ask, is how persistently high levels of uncertainty affects trust, and furthermore, how does emotional responses to this uncertainty like fear or anger, affect the level of trust?

Trust plays a vital role when people lack knowledge and understanding about the risk, which they often do, with trust the knowledge gap can be "bridged" and people become able to make informed decisions (Siegrist et al., 2010). Thus, trust requires a risk of some sort (Luhmann, 2000) and means willingly putting oneself in a vulnerable situation (Earle et al., 2010). Moreover, a general perspective in risk research is that there is a impact relationship between trust and risk perception, affecting understanding and response to risks (Fjaeran & Aven, 2021). Understanding how trust is affected is crucial for future risk and crisis management, especially in the event where the publics behavior has strong effects on the outcome of the crisis.

From a statistical perspective viral pandemics and epidemics are expected (Penn, 2021). Additionally, the technological advances, from which humans have been able to make over the last centuries, have made the world an even 'smaller' place. With tighter connections and high mobility across borders, we have managed to make these 'traveling threats' even more

likely to advance quickly from a local epidemic outbreak, to a worldwide (Merler & Ajelli, 2010). This is the experience mankind has undergone, from the first outbreak of the coronavirus in China, just before the turn of the year 2019, to this day. After two years of living in this pandemic, with all its ups and downs, from lockdown to varying degrees of national and local regulations, we have been provided with a lot of food for thought. If anything, a crisis of this extent provides many lessons for future reference. It's a well-known fact that crisis tends to put trust in society to the test (Graver et al., 2020, p. 16). What happens to trust in a society suddenly thrown into a state of emergency characterized by high levels of uncertainty? Additionally, living with restrictions and limitations dangerously close to deprivation of freedom? (Graver et al., 2020, p. 21). On the backbone of this the question to which I ask in this context is how trust towards authorities have been affected by the pandemic. To what extent does people trust in governmental and policymakers to make good, well-founded and reasonable decisions to tackle the challenges of the pandemic? And furthermore, how has this trust, or distrust for that matter, persisted over the last two years, bearing in mind a rollercoaster of restrictive measures resulting from frequent changes in infection spread?

What makes Norway such an interesting country to look at in this context is because Norway is, and has for many years, been characterized as a high-trust society. Together with other Nordic countries like Denmark and Sweden, Norway stands out in a world perspective as a society where people trust not only each other, but also the authorities. Moreover, Norwegians tend to explain many of the mechanisms in Norwegian society with trust.
This prompts the question: Is Norway as 'peculiar' when met with a long-term crisis?

1.1. Background

The year 2020 will forever be remembered as the year the world was faced by one of its most deadly and challenging pandemics in modern times. When the severity of the spread of the coronavirus hit, countries throughout the entire world implemented severe restrictions and freedom reducing measures one after the other. In Norway, 12th of March will forever stand in the history books as the day Norway went into lockdown due to the corona pandemic, thoroughly providing deep insight and experience to the everyday man about the dilemma between freedom and security. Living in this world currently coping with a seemingly never-ending pandemic, one of which has shown to be both unpredictable and practically

unstoppable, has shown from a bystander perspective to be both scary as a citizen, and quite interesting from a scientific perspective. During my own studies of public safety at UIS over the last couple of years, it has been interesting to be able to compare, and witness, policymakers and governments approaches to this crisis unfold in real time. In addition, the ways to which Norwegian government have chosen to deal with the threats of the pandemic, have created so many interesting and interdisciplinary discussions both of 'right or wrong' ways of mitigating, as well as the implications of implemented measures. I have been paying close attention to many of these discussions, both in terms of official news dissemination, but also through chronicles written by both professionals from different disciplines, as well as lay people. One thing that has particularly stood out to me is the constant speculation of effects and possible future scenarios, both from professionals as well as lay people. High levels of uncertainty have been a key factor throughout the pandemic and the question is how this affects the response of national as well as individual responses to the risk. Does the uncertainty amplify the 'feeling of risk'? All of this has contributed to the shaping of this idea that constitutes my thesis. What I have found to be especially interesting in the public discourse is people's trust, or lack thereof, in the authorities' management of said crisis. This sparked a genuine scientific interest of what role trust plays in terms of risk perception, particularly since high levels of uncertainty have been a key characteristic, how does this affect trust? And how does this influence the stability of trust over time?

1.2. Research question and structure

Through my main research question, I will attempt to analyze whether the stability of institutional trust–mainly trust in government, in the context of the crisis–have changed in Norway during the Covid-19 pandemic, and to what degree uncertainty and affect has influenced this stability. Therefore, my main research question is as follows:

"How stable has Norwegian public trust in authorities been throughout the Covid-19 pandemic and how has uncertainty and affect impacted that stability?

Following the introduction, the thesis is built up of 6 additional chapters, starting with an elaboration of the methodology used for the purpose of this study. In the third chapter I introduce the theoretical foundation centered around institutional trust and theoretical perspectives of elements that affects trust during a crisis, to which I will later use for my

analysis and discussion. In the fourth chapter I will introduce a timeline which will add a meaningful context and function as a backdrop before chapter five, which contains a presentation of the data material. In chapter six the data material will be discussed, and I will attempt to answer my research question. Lastly, I will sum up in concluding remarks in chapter seven.

2. Methodology

2.1. Research method

The research strategy I have chosen involves the use of abductive method. Abductive method is as opposed to inductive and deductive method (bottom-up and top-down logic) a method which has a very different logic to it. Abductive method moves back and forth between theory and the empirical, putting together cues in a puzzle attempting to make sense of it all. The aim is to extend the knowledge (Bortolotti, 2008, s. 35).

In this thesis I am faced with longitudinal and extensive amounts of data which needs to be viewed in a holistic perspective in order to make sense in light of my research question. For that purpose only, I could have used inductive method. However, I am analysing the data not only as a whole, but also in light of crisis context and management, which means I will assume (hypothesize) along the way and in order to find plausible explanations to the changes in my data material. However, it should be mentioned that the method bears elements of several strategies and I have actually struggled a bit grasping exactly what strategy this thesis would fall under.

The method is qualitative, however, the data material used in this assignment are primarily quantitative, which are results from several surveys. The primary target is not to test these numbers–which could have been done– the target is to use these survey data to answer my research question, because these data measure the level of trust over a longer time period, and my aim is to study the changes in trust over time in light of the context it occurs in.

It should be mentioned that I am writing this thesis in my second language, and not my mother tongue, which means I am using Norwegian and English sources interchangeably. Consequently, there are some sources which are referenced in Norwegian as they don't exist in English, this is particularly evident in Norwegian governmental sources, because only some have been published in English, and some have not.

In the continuation of the thesis, I have mainly focused on three different aspects; firstly, getting a clear understanding on the fundamental nature of trust, its importance, its stability and what elements impacts and affects institutional trust. Secondly, finding proper and reliable data on trust in government management during the pandemic and lastly, studying and comparing these data with each other and look for changes over time, in addition to pinpoint possible pivot points and in what context these occurred in. For the purpose of adding context to the data material, I have made a timeline of significant changes in management throughout the pandemic. This "sets the scene" and gives some additional depth to help me in my interpretations and discussion.

2.2. Data collection

The aim of this thesis is to be able to say something about the general trust in the public towards the Norwegian authorities handling of the covid-19 pandemic and relevant changes to this trust over time. Because this requires massive amounts of data and I have not had the time nor the resources to collect such data on my own with all it requires in such a narrow time frame, I have chosen to move forward with a document analysis, this enables me to gather extensive amounts of data over a wide timespan which is key to the purpose of this thesis. I have primarily used data from weekly national surveys conducted by Mindshare on behalf of the Norwegian Directorate of health (Norwegian Health Directorate, 2022). These surveys have been conducted every week since week 6 in 2020 and are still ongoing. The data included in this thesis are from week 6 in 2020 to week 11 in 2022. It should be noted that no surveys were conducted in weeks 25, 26, 28, 30, 32 and 35 in 2020, in addition to weeks 29, 30 and 42 in 2021.

The surveys are aimed at peoples' trust, perceptions, and behaviour during the Covid-19 pandemic. They consist of question followed by answer options graded from 1-5 where 1 is *"to a very low degree", "totally disagree"* or *"very unlikely"* based on the formulation of the question, and 5 is *"to a very high degree", "totally agree"* or *"very likely"*. This puts 3 at a sort of neutral option. In addition to these options there is *"don't know"*. The survey answers are also presented with a general divide between low and high degree, disagree and agree and unlikely and likely by gathering options 1,2 and 4,5 together, providing a more general insight.

Number of respondents ranges from 520 at the lowest, and 1828 respondents in the opposite end.

2.3. Categorizing data

The questions in the surveys I have used have changed over the course of the last couple of years. Whereas the initial surveys in the start of 2020 were more simplistic with less questions and answering options. Over the course of the pandemic the questions have been up numbered, starting with only six questions in the beginning of 2020 gradually increasing to fifteen by the end of the same year. In addition, some questions have only been asked for a limited amount of time according to relevance in a particular phase of the pandemic. This is something that presents a methodological challenge due to a lack of continuity. Therefore, there is some discrepancies in terms of continuity of questions, however, the data I have chosen to present serves a purpose, so it is not for the lack of relevance from my perspective. For practical purposes I have had to categorize the data based on some logical assumptions. Given that the aim of my thesis is to say something about possible changes in trust towards authorities during the pandemic, I have had to go through the data material and select relevant questions which logically can be connected to trust.

Since the data material is as extensive as it is, that is, 103 weeks of surveys at the time of this being written, rather than going through every single week I have used the table of comparison which has its own tab when opening any of these weekly surveys in Excel. In addition, it shows comparison between not only the weeks of the year in question, but a comparison starting from week 6 in 2020 up to current date. This has provided me with an extensive overview of all the results from beginning to end and simplified the process.

Firstly, I have chosen to read my data material based on a timeline of the most significant events throughout the course of the pandemic. Using this as a point of reference has enabled me with a filter to interpret the data material and assess it based on some assumptions that there are events that have had the potential to impact trust in authorities.

Secondly, I looked for some consistency in questions, finding the questions that had been asked continuously for an extended period of time would serve this purpose. However, the challenge lied not only in finding consistency within the questions, but also consistently asked

questions that can be *related to trust* to some extent. Therefore, due to the dynamic nature of the pandemic, and changes to the questions asked, I've had to find a reasonable balance between consistency and purpose, this is because some questions added later are basically too relevant to trust not to include in my analysis.
The data have been categorized based on a subjective logical interpretation as direct or indirect trust in authorities. Survey-questions that are formulated and directly aimed at the authorities I have categorized as direct trust and does not need any further explanation. However, questions that are more open for interpretations have I categorized as indirect. This interpretation is derived from the logical assumption that even though the questions not directly aimed at trust in authorities, they can logically be connected to trust as explained in the following:

Questions indirectly connected to trust

"To what extent are you worried about getting infected by the coronavirus?"

This question is first and foremost connected to social trust, however, I assume the level of trust towards other members of society is connected to a level of trust that the authorities are implementing the necessary measures needed to ensure the safety of the citizens.

"To what extent do you follow the advice and guidelines from the authorities?"

This says something about compliance in the population, a study by Bargain and Aminjonov (2020) shows results that compliance is connected to trust in authorities in times of crisis and without trust, the willingness to comply will subside (Bargain & Aminjonov, 2020).

"Based the information shared on the vaccine, what are the chances of you letting yourself get vaccinated when it's ready?"

This question can to some extent in theory have a direct connection to trust in authorities' management, however, I also consider it likely to be intertwined with trust in science and biotechnological companies. Thus, trust in authorities is connected to trust in other institutions and is not necessarily a direct reflection of trust in authorities.

Questions directly connected to trust

"To what extent do you have trust in the authority's management of the coronavirus?"

This question is directly aimed at measuring the level of trust in authorities' management of the coronavirus, additionally, it should indicate a general level of trust in authorities.

"The government are implementing the correct measures to handle the pandemic"
This question also serves the purpose as a control question to the first, showing level of consistency in the answers.

2.4. Validity and reliability

The data I have chosen for my purpose enables me to get a wide outlook saying something about the *tendencies* in Norwegian society, giving me grounds for generalization. It does not, however, go in depth of individual peoples' reasoning and justifications for trusting or distrusting the authorities. The strength lies in the ability to generalize; however, the weakness is evident in the loss of nuances and in-depth explanations to which might bring forward similarities or differences in *reasoning* which would have been relevant for the purpose of my thesis. Another downside to using someone else's data is that I have been forced to give up control of the questions asked, this limits opportunities to tailor questions for the purpose of the thesis which would have been better in terms of angling the questions directly towards trust. However, the data is public and easily retrievable, which strengthens the verifiability, although keeping in mind that the analysis of the data is not necessarily a process that would result in the same conclusions if performed by another person.
Other limitations of the method include the actual selection of data, which means something has been left out and rendered insignificant. This is result of subjective interpretation and is the backside of working with such a long time-perspective within a shorter timeframe. Because of this one should note that there can be misrepresenting parts in the presented data, for example, in sections showing a longer time perspective, but using limited number of weeks within that time perspective, where trust appears to have had a steeper drop than might actually be the case. This is because the time gaps not presented, in theory, have potential to change direction or degree of increase/decrease of measurements. However, the data material was reviewed in its entirety, and any major deviations are expected to have been noticed.
Moreover, there are inherent limitations in the data material itself. As with all surveys there is always a risk of dishonest answers or response bias, in addition to risk of low participation rate.
Additionally, the data material could have benefited from more profound qualitative research, like follow-up interviews, as this could have strengthened the interpretations and conclusion. Unfortunately, having follow-up interviews when the essence of the research is changes over

time, such interviews should be conducted along the way in parallel with the surveys. Prioritizing this should be considered for future reference when these studies are planned for.

3. Theoretical contributions

3.1. Trust

Trust is an element that both is a part of and has potential to have significant effects on risk perception. Risk perception refers to how people perceive risk; how they assess it and their perceived probability of it occurring (Darker, 2013), this plays a major role in understanding how they respond to it consequently. It is not necessarily so that scientific estimates of risk correspond with people's perception of risk, thus emphasizing the importance of understanding what factors affects risk perception and behaviour (Botterill et al., 2004).

Trust has gained a lot of momentum in risk research over the last couple of decades and has become a central topic. It is important to note that risk and trust are closely associated with each other and therefore, if trust is on the decline, people are less willing to take risks, they will protect themselves unnecessarily hard against betrayal and defend their interests by costly measures (Kramer & Tyler, 1995, p. 4). Trust has a function when something is at risk. Risk is two-sided, on the one side it refers to the likelihood of an undesired event, on the other side it refers to the impact or severity that would transpire in the likelihood of this event occurring (Dubois & Guyonnet, 2011, p. 145). Thus, trust simplifies and reduces complexity where most people would lack both knowledge and competence to assess risks on their own. Therefore, trust enables people to act in complex situations. Simultaneously, trust is essential to the construction of complex social- and technical environments. Trust works as a social lubricant (Cook & Cooper, 2003), making technological progress and economic wealth possible, without it, the division of labor for example– for which modern society is built upon–would never have been possible.

What is trust? Trust is to act with few precautions (Grimen, 2009, p. 19). In its simplest form, trust can be viewed as a three-part concept: *someone* trusts *someone* with an aim towards *something* (Grimen, 2009, p. 13). Trust entails some sort of vulnerability, which refers to some sort of risk of something happening, thus requiring trust (Earle et al., 2010; Luhmann, 2000). However, trust is generally situationally conditioned, and in many aspects trust is closely connected to confidence in other people's competence. Therefore, it is not necessarily

contradictory to trust someone in certain areas, and distrust them in others. As Grimen (2009) puts it: “Trust is normally limited, conditional and specified” (Grimen, 2009, p. 14).
There is no unambiguous definition of trust, trust is a complex concept to which there cannot be a simple answer. Moreover, Kramer and Tyler (1995) point out as many as 16 different definitions of trust. I am not going to list all of these, but this is a testament to the vast multifaceted nature to which trust holds. In simpler terms, trust is first and foremost relational in that sense that it is a concept which refers to other actors. This can be either trust forwarded towards institutions (vertical) or towards other people (horizontal) (Guinot & Chiva, 2019).

For the purpose of clarity and consistency, I build my understanding of trust on the definition by Rousseau, Sitkin, Burt & Camerer (1998). They define trust as “a psychological state comprising the intention to accept vulnerability based upon positive expectations of the intentions or behavior of another” (Rousseau et al., 1998, p. 395)

Trust can contribute to reduce complexity in a modern and intertwined society, however, reduced complexity for one might entail increased complexity for the other. It is also important to note that trust does not reduce danger, reliability on the other hand, can reduce danger (Grimen, 2009, p. 62). Hardin claims it is reliability and not trust that reduces complexity, life is easier for givers of trust if receivers of said trust turns out to be reliable. (Grimen, 2009, p. 75).

3.2. Institutional trust

Trust has been widely researched across many fields of study, so therefore, it has been framed from many different angles, contributing to its complex nature. It has proven challenging to make clear distinctions when so many fields of study conceptualize the same phenomenon between them, particularly because it results in some unclear distinctions with overlapping. However, commonly referred to types of trust (across disciplines), besides regular, person-to-person trust (interpersonal), are social trust, general trust, and confidence. Social trust differentiates from interpersonal trust in that way that interacting and learning about each other typically has a limited timeframe. Social trust is therefore more formal than interpersonal trust.
Several theorists also distinguish between two main types of trust: within-group trust and across-group trust. Within-group trust comprises both social and interpersonal trust. Across-

group trust on the other hand, can also be recognized as general trust (GT) or *trust among strangers* (Earle et al, 2010, p. 4). Confidence is based on previous experiences or other evidence pointing towards a given expected outcome (Siegrist, 2021). When talking about trust in the context of crisis management one type of trust asserts itself, that is what in literature often is referred to as institutional trust.

Institutional trust is the type of trust which concerns experience with official representatives of state institutions, including bureaucrats, police and other state officials, politicians or employees. Institutions refer to anything from physical institutions such as a courthouse, a university or the government to more conceptual institutions like the media or science. These are institutions most people have had some sort of interaction with, furthermore, media portrayals of institutions one might not yet have experienced, provides a sense of experience with them nonetheless (Bornstein & Tomkins, 2015, p. 3).

Importance of public trust in institutions

Trust plays an important role in the risk domain considering that laypeople generally lack knowledge about risks and hazards, this limits their ability to rely on their knowledge when assessing acceptability of technologies or hazards that often raises concerns. When knowledge is completely or partially absent, trust plays a vital role in these assessments and can influence acceptance (Siegrist, 2021). Studies strengthen the assertion that there is a limited connection between knowledge and acceptance of hazards (Siegrist & Cvetkovich, 2000). Knowledge gaps pressures people to accept expert opinions and assessments. On the other side, in any case where people possess knowledge to assess risks and hazards themselves, trust becomes redundant. However, most people do not possess such knowledge in order to make an informed decision in a crisis, and therefore trust plays a vital role in the face of this (Siegrist et al., 2010). Furthermore, institutional trust, that is; trust in governments, politicians and state agencies per say, is vital for the legitimacy of the actors performing within those institutions, thus, have an important role for the functionality of society. Consequently, it also impacts public willingness to comply, make sacrifices for the greater good and contribute to take responsibility for public security (Bengtsson & Brommesson, 2022).

3.3. Stability of trust over time

It is a popular claim that trust is a brittle phenomenon easily broken and hard to rebuild. However, trust appears to be quite stable over time, research show that despite unfortunate scandals resulting in declining public trust, it appears to be a temporary discrepancy without further implications too stability over time. Not to say there has not been any major disasters resulting in an actual significant decrease in public trust, such as the Fukushima Daiichi nuclear disaster (Siegrist, 2021). However, research shows there is a stability to trust long overseen in risk research. Van de Walle et al. (2008) states that deficient opinion poll results and data has contributed to the claims that policy makers and scholars are losing trust from the public, moreover, Raaphorst and Van de Walle (2016) questions the evidence of declining trust because it is complemented by an equal amount of evidence of the opposite, that trust shows to be a very stable phenomenon (Fjaeran & Aven, 2021; Raaphorst & Van de Walle, 2016; Van de Walle et al., 2008). As Siegrist puts it in his literature review on trust and risk perception:

> "Empirical and theoretical evidence shows that negative information does not necessarily have a detrimental effect on trust in a person or an institution since new information is often interpreted in line with existing beliefs" (Siegrist, 2021).

Even the disaster at the Fukushima power plant did not have as extensive consequences on public trust in power plants as initially feared it would.
In Visschers and Siegrist (2013) paper about before and after the Fukushima disaster, they studied trust in scientists, operators, and authorities responsible for nuclear power plants before and after the disaster at Fukushima. This research showed results of declining trust after the nuclear disaster, however, this was not as strong as initially expected (Visschers & Siegrist, 2013).

There are some effects on trust that often reappears in trust research, such as the "rally-round-the-flag-effect" (Mueller, 1970). This is an effect observed in crisis and especially dramatic events, such as terrorist attack and often results in an increase in trust in government institutions. However, this is a temporary increase without major long-term effects on trust. Moreover, it should not be taken for granted in context of pandemics, because there are events that have shown evidence of decline in institutional trust in particular crises. For example, it is a frequent occurrence that people look for reasons to blame their government in the aftermath

of a natural disaster accusing them of lacking efficiency in their management (Esaiasson et al., 2021; Healy & Malhotra, 2009).

3.4. Factors affecting stability of institutional trust

Due to its complex nature, there are many things that can affect institutional trust; therefore, one should remain open to the possibility of some effects on trust not yet been properly scrutinized. However, some indications of factors that have influence on institutional trust are for example high levels of uncertainty, affect and heuristics. This list is not exhaustive, trust is a multifaceted and complex concept, and influences will depend on context and focal point.

3.4.1. Uncertainty

Undoubtfully, uncertainty is an essential element of risk. Furthermore, in democratic countries, there is a general expectation that governments and authorities dealing with risks and crisis management, will share uncertainties with the public when communicating about the risks. However, it is a dilemma that presents itself, because sharing to much information may result in unnecessary anxiety and fear, withholding information on the other hand, have potential to reduce trust and credibility (Siegrist et al., 2010, p. 282) According to Siegrist (2010) most institutions work fine in absence of social trust, albeit given that there is an equal absence of distrust. Thus, cooperation only requires confidence, however, this is only as long as level of uncertainty is low (Siegrist et al., 2010, p. 268).

Uncertainty is generally characterized by a lack of knowledge about something, be it knowledge about outcomes, and/or knowledge about the probabilities of outcomes, also known as epistemic and aleatory uncertainties. Aleatory uncertainties refer to natural uncertainties, like rolling a dice or flipping a coin. We know the different possibilities up front; however, we do not know what side of the coin, or the dice will face upwards–the results are random. Epistemic uncertainty refers to lack of knowledge about both, or even worse; not knowing what you don't know (van der Bles et al., 2020). Thus, epistemic uncertainties present different challenges to risk management than aleatory uncertainties, because in the event of many unknown unknowns, there is not just (potentially higher) uncertainties about probabilities, but also possibilities.

How people respond to aleatory uncertainty has been widely studied, especially compared to epistemic uncertainty. For example, studies indicate that people generally are reluctant in face of uncertainty and prefer to relate to known risks and effectively avoid ambiguous situations, this is also known as "ambiguity aversion" (Keren & Gerritsen, 1999). However, the effects of epistemic uncertainty on public perception are still lacking empirical evidence and attention in scientific research (van der Bles et al., 2020). Moreover, a recent review concluded that unambiguous evidence of the effects of communicating epistemic uncertainty is very limited (van der Bles et al., 2019). According to van der Bles et al. (2019) assessing what information that is perceived as trustworthy, is highly connected to perceived competence and warmth in the mediator. "Affect and cognition fuse together here in establishing trust. In order to be perceived as credible, both 'cold' expertise is required (knowledgeability) as well as a perceived motivation to be sincere and truthful (warmth), that is, a feeling of trust" (van der Bles et al., 2019, p. 24).

The underlying assumption that too much transparency about uncertainties will have negative effects on public trust was recently put to the test by van der Bles et al. (2020), in an attempt to find empirical grounds for these assumptions. Their findings show that people in general have very mixed perceptions of verbal messages that are unprecise and ambiguous, for example terms like "about" or "estimated". However, their overall findings show that even though people perceive more uncertainty when it is being communicated to them, there was only observed a small decrease in trust, and this was mostly in the context of verbal communication. In other words, this means that uncertainty accordingly, especially numeric (precise) estimates, have a very low effect on perceived trustworthiness (van der Bles et al., 2020).

3.4.2. Affect and Heuristics

Emotions are an aspect of trust that still have a way to go in empirical research of trust. The focus in trust-research have mainly been centred around cognitive processes. To put it in the words of van Knippenberg (2017):

> The idea that one would trust, or distrust, someone because one has a 'good feeling' about the person, or a 'bad feeling' about the person seems completely natural; yet, this idea is essentially absent from the empirical work on trust. (van Knippenberg, 2017, p. 3)

The role of which affect plays in trust has been referred to as affect-based trust. Feelings may affect judgements; this can occur both with and without conscious awareness. It has even been argued that the affect from which feelings have on judgements are stronger the less aware one is of this (van Knippenberg, 2017). In simpler terms, the more unaware one is of the influence emotions have on judgments, the stronger the influence is.

According to Slovic and Peters (2006) people perceive and respond to risk in two fundamental ways: (1) risk as analysis, which is derived from logic and reason and; (2) risk as feelings, that is instinctive and emotional responses to danger.
People typically have instinctive response to risk, arising from emotions, this is due to its practicality in daily life, based on experience–as opposed to time- and energy consuming, analytical assessments. Emotions that often have strong effects on risk as feelings are anger and fear. Anger have been shown to attenuate risk estimates, whereas fear amplifies them (Slovic & Peters, 2006). This automatic, experience-based way of assessing risk can also be recognized as what several scholars refer to as 'affect-heuristics'. Heuristics functions as a way to "assess the frequency of a class or the probability of an event in terms of the ease with which instances or occurrences can be brought to mind" (Tversky & Kahneman, 1974, p. 1127). In other words, heuristics are mental shortcuts which often derives from similarities in past experiences, for example, affect heuristics suggests associations infused with emotional meaning. There are several types of heuristics other than affect heuristics recognized in literature, availability and representativeness for example, particularly availability heuristics have been granted much attention in risk research (Siegrist, 2021). Availability heuristic is a product of overestimating probabilities based on easily retrievable memories with familiar features, they are easily available and therefore, gives a sense of being more likely. Representativeness refers to how people categorize experiences into "similar boxes", drawing parallels between similar situations which seems representative to each other, but in reality, is not (Tversky & Kahneman, 1974).
However, the connection between heuristics and trust are subject to discussion in current literature. Wu et al. (2016) perceives affect heuristics as a function of trust, whereas Siegrist (2021) argues that trust can be recognized as a heuristic in itself, based on the criteria for heuristics. According to Siegrist (2021) both affect and trust heuristics can contribute to explain differences in individual risk perception. When there is a lack of knowledge, assessing risks and benefits can be challenging, and people may rely on trust and affect heuristics instead to deal with this issue.

> There appears to be a lack of unanimity of the causal relationship between trust and affect. Several scholars have postulated that trust influences the experienced affect, feelings influence trust, or the two factors are correlated without assuming a causal relationship. Nevertheless, these results suggest that affect and trust are substantially correlated, and trust provides additional explanatory power over affect. (Siegrist, 2021, p. 486)

3.5. Trust in Norway

In general, we are currently experiencing an increasing scepticism towards science as a whole, this is something more than "healthy" scepticism leaning more towards a question of faith similar to that of religious belief. This is a very general observation from a wide perspective. We are witnessing these tendencies in Norway also (Graver et al., 2020, s. 187). However, Norway is still a country which in line with several other Nordic countries are experiencing high levels of social trust compared to many other countries. According to Delhey & Newton (2005) Norway is a so-called high-trust society, which they base on their research that indicates that more than 50% of Norwegians are trusting towards authorities (Delhey & Newton, 2005). A lot of quantitative research has been conducted on this theme and most of it shows same tendencies where Nordic countries differentiates from many other democratic countries in terms of trust, as shown in Figure 1.

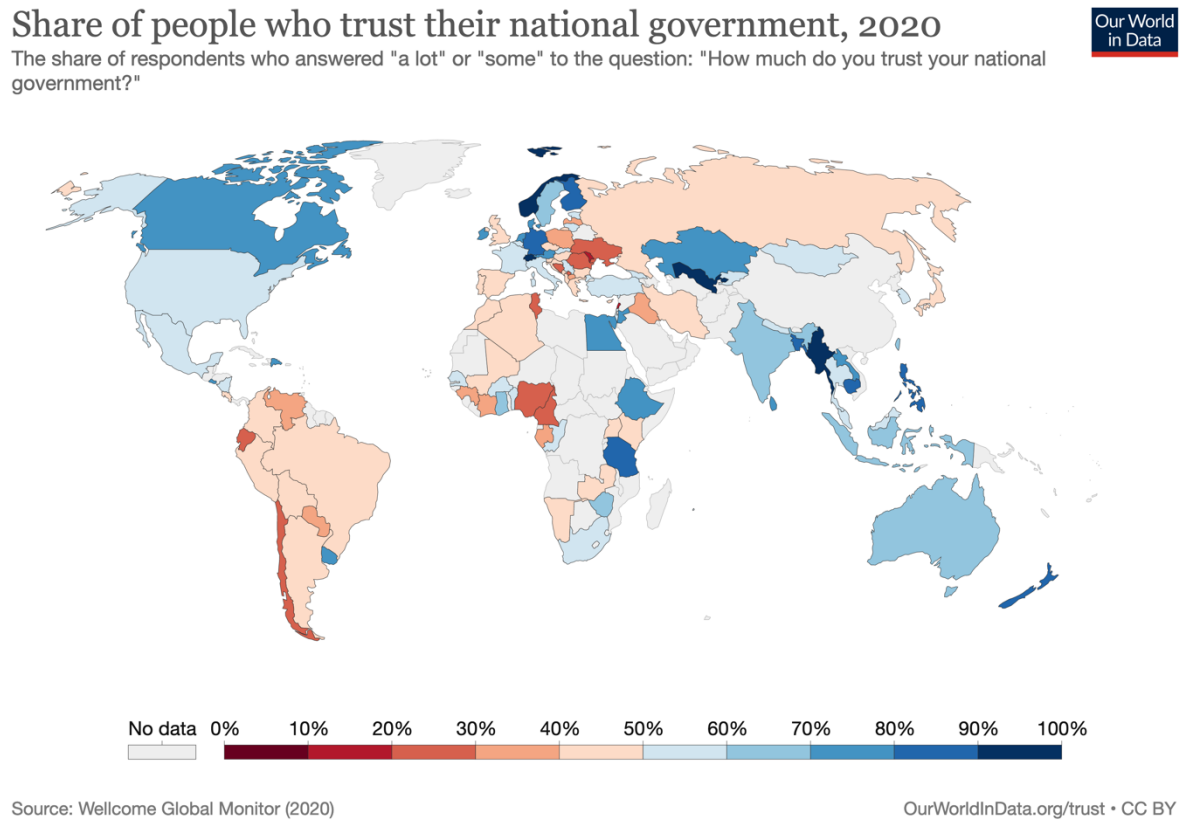


Figure 1: Trust in national government in 2020, retrieved from OurWorldInData.org (Ortiz-Ospina & Roser, 2016)

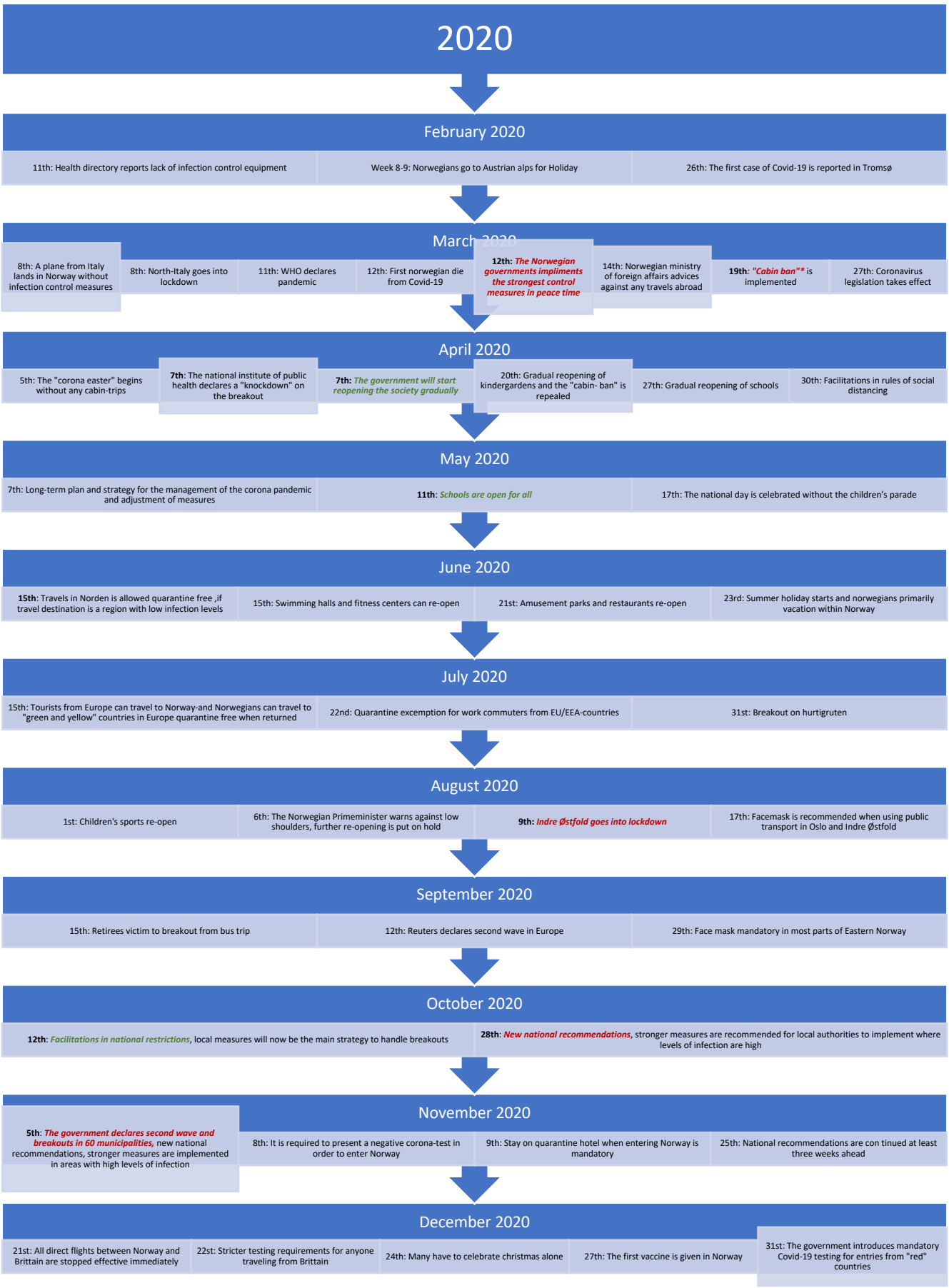
Moreover, one of the main findings in the first part of the Norwegian public inquiry about the government management of the pandemic, was that what made Norway particularly well-suited for tackling the pandemic, was amongst other things the high level of public trust in authorities (NOU 2021:6, p. 23).

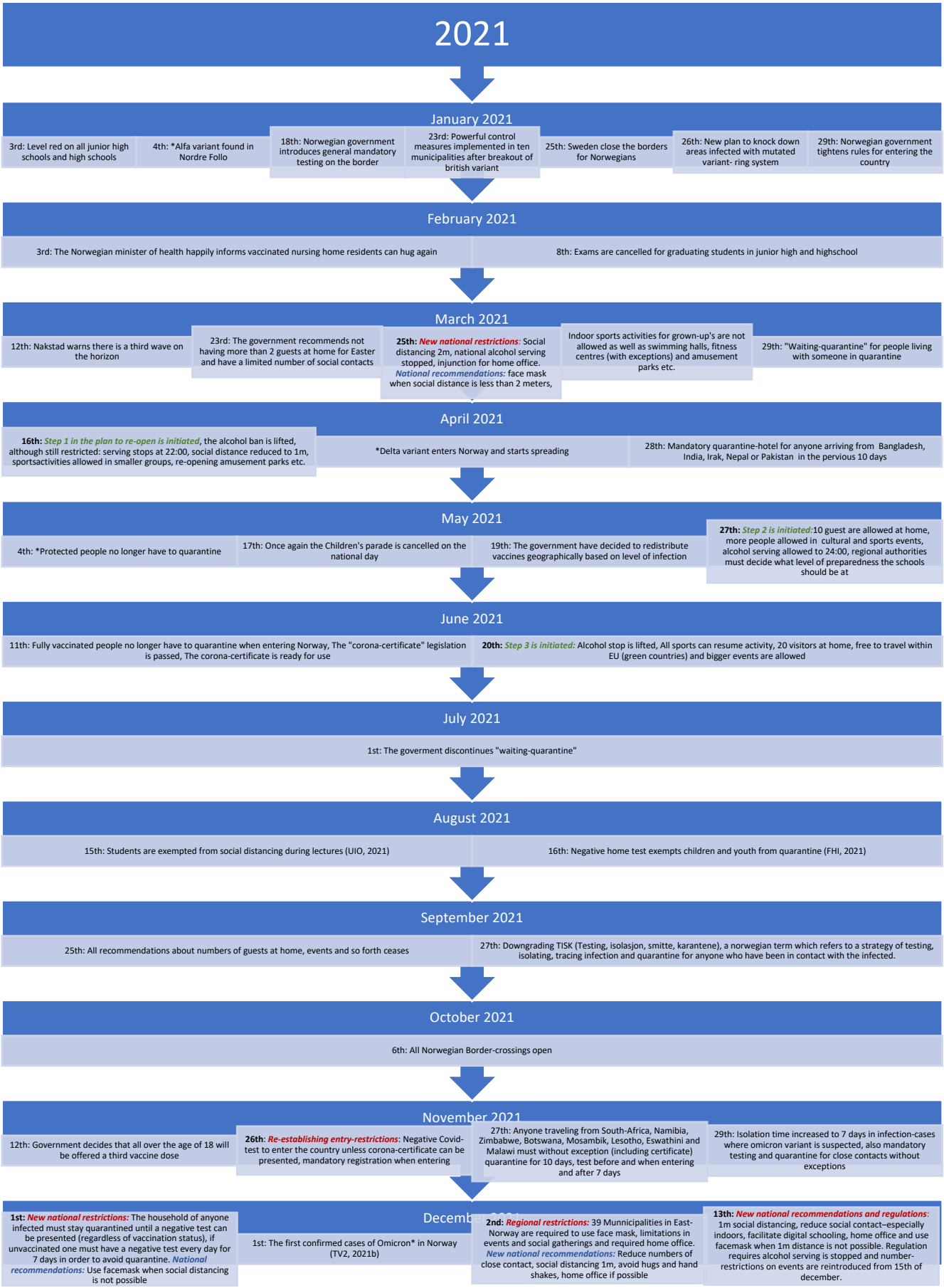
I have expectations that this high level of trust will be prominent in my data material, thus, the level of stability and in what context deviations have occurred will be the main focus in further discussions.

4. Norwegian management of the corona pandemic–a timeline

Two years of pandemic has taken its toll on the public, even now, in April 2022, the reports are showing that infections are increasing in many countries, overshadowing any hope of closing this chapter in the nearest time. From my perspective, looking back on the two years that has gone is important for many reasons, but in this context, it also serves a purpose when moving forward with my data material. As mentioned in the method part I found that reading

the data using the timeline of the most significant events as a backdrop, frames my perspective and gives meaning to the data. The interpretations and analysis of the data material will be subject to discussion later, however, I will start this part of by presenting this timeline to add context, this makes the data material I've chosen to present more meaningful because it illustrates significant changes in management strategies. I have made the timeline myself and it is put together somewhat interchangeably, by data retrieved from the Norwegian public inquiry's commission report on the management of the coronavirus in Norway (NOU 2021:6, p. 50–51), with data from Norwegian government's web page (Regjeringen, 2022). The commission report is only part 1 of 2 (second was published April 2022) and therefore the timeline in that report ended in March 2021, which means I have had to "fill in the blanks" myself. By using the continued timeline found in the archives on the Norwegian governments web page I have been able to complete the timeline. Any information in the timeline not retrieved from either of these sources have been referenced separately. For dramatic effects only, red text signifies significant restrictive measures, and green text signifies facilitations. Moreover, in a myriad of changes, I have chosen what to present and what not to, based on logical assumptions and common sense, some of which are a result of me being a part of the same society of which I am studying, and experiences I have made as a participating citizen in Norway during the pandemic.


2020
February 2020
11th: Health directory reports lack of infection control equipment
Week 8-9: Norwegians go to Austrian alps for Holiday
26th: The first case of Covid-19 is reported in Tromsø
March 2020
8th: A plane from Italy lands in Norway without infection control measures
8th: North-Italy goes into lockdown
11th: WHO declares pandemic
12th: First norwegian die from Covid-19
12th: The Norwegian governments impliments the strongest control measures in peace time
14th: Norwegian ministry of foreign affairs advices against any travels abroad
19th: "Cabin ban"* is implemented
27th: Coronavirus legislation takes effect
April 2020
5th: The "corona easter" begins without any cabin-trips
7th: The national institute of public health declares a "knockdown" on the breakout
7th: The government will start reopening the society gradually
20th: Gradual reopening of kindergardens and the "cabin- ban" is repealed
27th: Gradual reopening of schools
30th: Facilitations in rules of social distancing
May 2020
7th: Long-term plan and strategy for the management of the corona pandemic and adjustment of measures
11th: Schools are open for all
17th: The national day is celebrated without the children's parade
June 2020
15th: Travels in Norden is allowed quarantine free ,if travel destination is a region with low infection levels
15th: Swimming halls and fitness centers can re-open
21st: Amusement parks and restaurants re-open
23rd: Summer holiday starts and norwegians primarily vacation within Norway
July 2020
15th: Tourists from Europe can travel to Norway-and Norwegians can travel to "green and yellow" countries in Europe quarantine free when returned
22nd: Quarantine exemption for work commuters from EU/EEA-countries
31st: Breakout on hurtigruten
August 2020
1st: Children's sports re-open
6th: The Norwegian Primeminister warns against low shoulders, further re-opening is put on hold
9th: Indre Østfold goes into lockdown
17th: Facemask is recommended when using public transport in Oslo and Indre Østfold
September 2020
15th: Retirees victim to breakout from bus trip
12th: Reuters declares second wave in Europe
29th: Face mask mandatory in most parts of Eastern Norway
October 2020
12th: Facilitations in national restrictions, local measures will now be the main strategy to handle breakouts
28th: New national recommendations, stronger measures are recommended for local authorities to implement where levels of infection are high
November 2020
5th: The government declares second wave and breakouts in 60 municipalities, new national recommendations, stronger measures are implemented in areas with high levels of infection
8th: It is required to present a negative corona-test in order to enter Norway
9th: Stay on quarantine hotel when entering Norway is mandatory
25th: National recommendations are con tinued at least three weeks ahead
December 2020
21st: All direct flights between Norway and Brittain are stopped effective immediately
22st: Stricter testing requirements for anyone traveling from Brittain
24th: Many have to celebrate christmas alone
27th: The first vaccine is given in Norway
31st: The government introduces mandatory Covid-19 testing for entries from "red" countries


2021
January 2021
3rd: Level red on all junior high schools and high schools
4th: *Alfa variant found in Nordre Follo
18th: Norwegian government introduces general mandatory testing on the border
23rd: Powerful control measures implemented in ten municipalities after breakout of british variant
25th: Sweden close the borders for Norwegians
26th: New plan to knock down areas infected with mutated variant- ring system
29th: Norwegian government tightens rules for entering the country
February 2021
3rd: The Norwegian minister of health happily informs vaccinated nursing home residents can hug again
8th: Exams are cancelled for graduating students in junior high and highschool
March 2021
12th: Nakstad warns there is a third wave on the horizon
23rd: The government recommends not having more than 2 guests at home for Easter and have a limited number of social contacts
25th: New national restrictions: Social distancing 2m, national alcohol serving stopped, injunction for home office. National recommendations: face mask when social distance is less than 2 meters,
Indoor sports activities for grown-up's are not allowed as well as swimming halls, fitness centres (with exceptions) and amusement parks etc.
29th: "Waiting-quarantine" for people living with someone in quarantine
April 2021
16th: Step 1 in the plan to re-open is initiated, the alcohol ban is lifted, although still restricted: serving stops at 22:00, social distance reduced to 1m, sportsactivities allowed in smaller groups, re-opening amusement parks etc.
*Delta variant enters Norway and starts spreading
28th: Mandatory quarantine-hotel for anyone arriving from Bangladesh, India, Irak, Nepal or Pakistan in the pervious 10 days
May 2021
4th: *Protected people no longer have to quarantine
17th: Once again the Children's parade is cancelled on the national day
19th: The government have decided to redistribute vaccines geographically based on level of infection
27th: Step 2 is initiated:10 guest are allowed at home, more people allowed in cultural and sports events, alcohol serving allowed to 24:00, regional authorities must decide what level of preparedness the schools should be at
June 2021
11th: Fully vaccinated people no longer have to quarantine when entering Norway, The "corona-certificate" legislation is passed, The corona-certificate is ready for use
20th: Step 3 is initiated: Alcohol stop is lifted, All sports can resume activity, 20 visitors at home, free to travel within EU (green countries) and bigger events are allowed
July 2021
1st: The goverment discontinues "waiting-quarantine"
August 2021
15th: Students are exempted from social distancing during lectures (UIO, 2021)
16th: Negative home test exempts children and youth from quarantine (FHI, 2021)
September 2021
25th: All recommendations about numbers of guests at home, events and so forth ceases
27th: Downgrading TISK (Testing, isolasjon, smitte, karantene), a norwegian term which refers to a strategy of testing, isolating, tracing infection and quarantine for anyone who have been in contact with the infected.
October 2021
6th: All Norwegian Border-crossings open
November 2021
12th: Government decides that all over the age of 18 will be offered a third vaccine dose
26th: Re-establishing entry-restrictions: Negative Covid-test to enter the country unless corona-certificate can be presented, mandatory registration when entering
27th: Anyone traveling from South-Africa, Namibia, Zimbabwe, Botswana, Mosambik, Lesotho, Eswathini and Malawi must without exception (including certificate) quarantine for 10 days, test before and when entering and after 7 days
29th: Isolation time increased to 7 days in infection-cases where omicron variant is suspected, also mandatory testing and quarantine for close contacts without exceptions
1st: New national restrictions: The household of anyone infected must stay quarantined until a negative test can be presented (regardless of vaccination status), if unvaccinated one must have a negative test every day for 7 days in order to avoid quarantine. National recommendations: Use facemask when social distancing is not possible
1st: The first confirmed cases of Omicron* in Norway (TV2, 2021b)
2nd: Regional restrictions: 39 Munnicipalities in East-Norway are required to use face mask, limitations in events and social gatherings and required home office. New national recommendations: Reduce numbers of close contact, social distancing 1m, avoid hugs and hand shakes, home office if possible
13th: New national recommendations and regulations: 1m social distancing, reduce social contact–especially indoors, facilitate digital schooling, home office and use facemask when 1m distance is not possible. Regulation requires alcohol serving is stopped and number-restrictions on events are reintroduced from 15th of december.

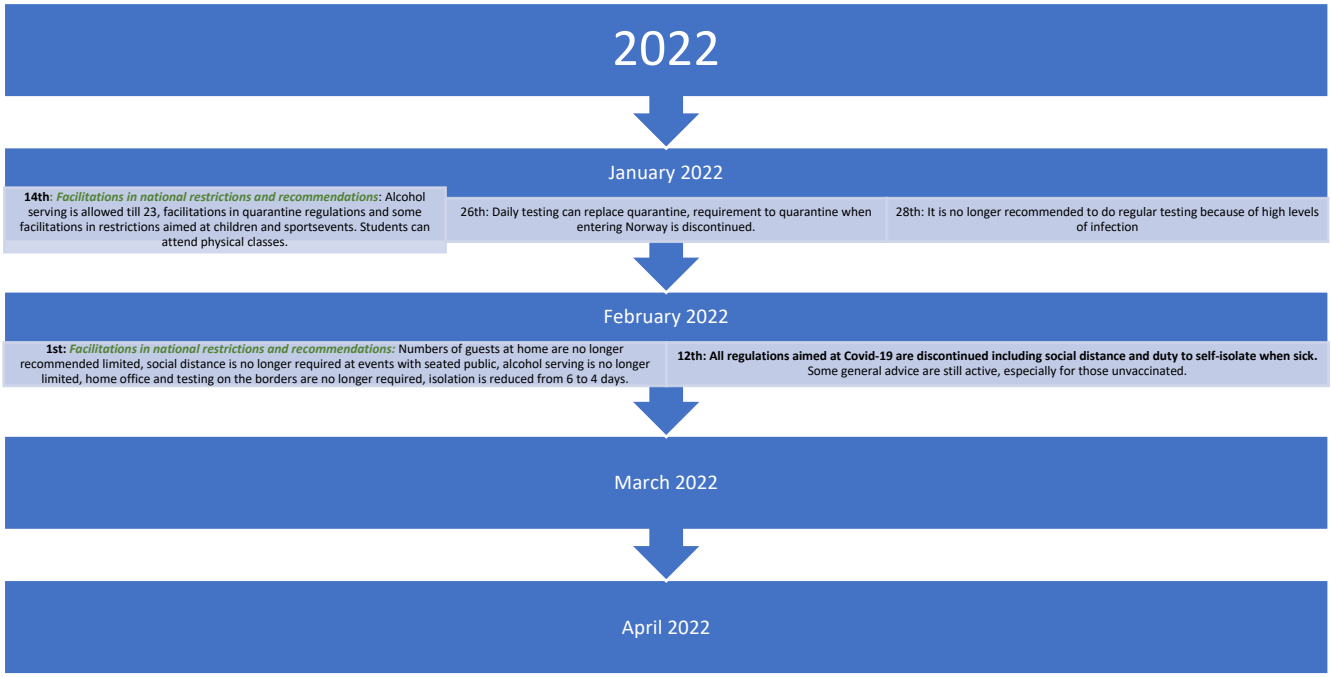


Figure 2: Timeline

***Cabin ban:** Forbidden to go to the cabin if it's outside one's own municipality

***Protected people:** People fully vaccinated or vaccinated with the first dose at least 3 weeks ago or have been sick with Covid-19 within the last six months (Regjeringen, 2022).

***Alfa variant:** British mutation

***Delta variant:** Indian mutation

***Omicron Variant:** South-African mutation

5. Results from national survey's

Ever since week six in 2020 a national survey has been conducted on behalf of the Norwegian health directorate, and selected parts of the results from these are presented in this chapter (Norwegian Health Directorate, 2022). Every table presented in the following part begins by showing the number of respondents in each weekly survey. I have chosen to view trust in light of risk management changes over time. Because of this I will present the data to compare and see if there is any significant change in trust following what I consider to be significant changes in management. This is not to say there cannot be any other explanatory factors to changes in trust that are not included here, but I am primarily looking for a possible pattern, a pattern to which can contribute to explain significant changes in trust.

The timeline outlines many of the management changes that can have affected trust, however, in order to narrow down the scope, I have chosen to have a main focus on surveys conducted in a three-week period (the week before, during and first after a significant change in risk

management, that is, implementations or facilitations of new recommendations, rules and restrictions). In addition, I have added the results from the very first survey conducted as early as week 6 (February) in 2020, serving as a reference point from what I consider to be the closest one gets to "normal state".

The tables presented in this entire chapter are self-made and based on data from these surveys, however, the surveys are much larger than the results presented in this part, several types of questions and additional information like geographic spread have been excluded and considered insignificant in this context.

5.1. The first lockdown in March 2020

From the first reports of a new virus being discovered in China, to the first case of Covid-19 was confirmed in Norway, there was a sequence of events happening outside Norwegian borders which not only culminated in the virus arriving to the country, but also affected peoples risk perception and shaping views on how to properly respond to this new threat. With close media coverage showing Chinese cities closing down one-by-one, health care workers in hazmat-suits or other full body protection suits, cleaning and disinfection of public places and streets, curfew and what basically can be referred to as pop-up hospitals, gave a rather grisly impression of the situation. China initiated a travel ban for all Chinese citizens in an attempt to get control of the spread (NTB, 2020), but the virus kept spreading and eventually it reached outside the Chinese borders into Europe. Especially Italy was severely affected, and we witnessed dreading scenes of overfilled hospitals and tired overworked doctors and nurses pleading for help. In Norway the incident regarding several Norwegian tourists returning from a ski-resort in the Austrian alps during winter break, is known as the first serious outbreak as several returned home with the virus. On the 12th of March 2020 (week 11) Norwegian government decided to implement the most invasive and intervening infection control measures in peace time, affecting personal freedom and daily life for all. These measures included closing all kindergartens, schools, and universities, closing swimming halls and prohibiting all kinds of cultural events and organized sports events–both in- and outdoors. In addition, they decided to close all pubs and bars not serving food, fitness centers, businesses that include close encounters such as tattoo parlors, hairstylists, and massage studios etc. Furthermore, they highly recommended people to generally stay away from crowded places, avoid close encounters and not travel unnecessarily anywhere, inside as

well as outside the borders. Moreover, mandatory home-quarantine was implemented to all those arriving from any foreign country outside of Norden (Regjeringen, 2020).

"To what extent do you have trust in the authority's management of the coronavirus?"

	WEEK 6	**WEEK 10**	**WEEK 11**	**WEEK 12**
NO. OF CASES	*1058*	703	904	604
1-TO A VERY LOW DEGREE	*2%*	7%	3%	3%
2	*4%*	13%	7%	4%
3	*18%*	28%	21%	15%
4	*39%*	34%	39%	42%
5-TO A VERY HIGH DEGREE	*35%*	16%	28%	35%
DON'T KNOW	*2%*	3%	1%	1%
LOW DEGREE	***6%***	**19%**	**10%**	**7%**
HIGH DEGREE	***74%***	**50%**	**67%**	**76%**

Table 5.1.1.

This table shows a rather significant change in trust in the week before, during and the week after the government decided to go into lockdown. In week 10 the level of high trust was all the way down to 50%, with a whopping 7% expressing high level of distrust in their management strategies. Compared to the week after, putting the trust back at the high 70s.

"To what extent are you worried about getting infected by the coronavirus?"

	WEEK 6	**WEEK 10**	**WEEK 11**	**WEEK 12**
NO. OF CASES	*1058*	703	904	604
1-TO A VERY LOW DEGREE	*56%*	22%	13%	14%
2	*27%*	22%	23%	21%
3	*12%*	29%	33%	29%
4	*4%*	16%	18%	23%

5-TO A VERY HIGH DEGREE	*1%*	11%	12%	11%
DON'T KNOW	*0%*	1%	1%	1%
LOW DEGREE	***83%***	**44%**	**36%**	**35%**
HIGH DEGREE	***5%***	**27%**	**29%**	**34%**

Table 5.1.2.

These results indicate a rather extensive change in peoples risk perception in the weeks between week 6 and week 10. The table shows that the worry to get infected was so low in week six, 83% saying they only worry to a low degree, whereas 56% of those answered, "to a very low degree". Compared to week 10, where 44% answer they worry to a low degree and only 22% of those were the lowest level of worry. These differences are also evident when we look at how many had severe worries to get infected from only 5% in week 6 to 27% in week 10.

5.2. Initiating gradual re-opening after declaring "knockdown" on the virus

On the 7th of April the institute of public health declared success on the strategy to "knock down" the virus and the prime minister declares in a press release that we can now start to re-open society step by step (NOU 2021:6, p. 50). The following weeks where therefore characterized by repeal of some of the most invasive restrictions, like the cabin ban. In addition, kindergartens could re-open and the schools could slowly open for the smallest children, giving them the possibility of more physical education (Regjeringen, 2022). The following tables shows results from the surveys conducted in mid-April, when most of these changes were announced and some were initiated. In comparison to the previous results shown, these surveys were extended with several more questions, I therefore present results from questions regarding whether or not respondents agree to infection control measures and compliance to said measures.

"To what extent do you have trust in the authority's management of the coronavirus?"

	WEEK 14	**WEEK 15**	**WEEK 16**
NO. OF CASES	714	714	618
1-TO A VERY LOW DEGREE	1%	2%	2%

2	3%	2%	1%
3	12%	11%	10%
4	33%	33%	36%
5-TO A VERY HIGH DEGREE	49%	52%	50%
DON'T KNOW	1%	1%	1%
LOW DEGREE	**4%**	**4%**	**3%**
HIGH DEGREE	**82%**	**84%**	**86%**

Table 5.2.1.

These weeks shows a slight increase in trust compared to the weeks 10,11 and 12 and otherwise seems to be at a stable level.

"To what extent are you worried about getting infected by the coronavirus?"

	WEEK 14	**WEEK 15**	**WEEK 16**
NO. OF CASES	714	714	618
1-TO A VERY LOW DEGREE	11%	13%	17%
2	21%	21%	22%
3	31%	30%	33%
4	18%	21%	17%
5-TO A VERY HIGH DEGREE	17%	12%	9%
DON'T KNOW	1%	1%	0%
LOW DEGREE	**32%**	**35%**	**39%**
HIGH DEGREE	**36%**	**33%**	**26%**

Table 5.2.2.

"The government are implementing the correct measures to handle the pandemic"

	WEEK 14	**WEEK 15**	**WEEK 16**
NO. OF CASES	714	714	618
1-TOTALLY	1%	1%	2%

DISAGREE			
2	4%	3%	1%
3	9%	8%	11%
4	30%	30%	36%
5-TOTALLY AGREE	53%	56%	46%
DON'T KNOW	3%	2%	3%
DISAGREE	**5%**	**4%**	**3%**
AGREE	**83%**	**86%**	**83%**

Table 5.2.3.

Respondents have answered consistently as this table shows to correspond with the level of trust towards authorities as one could expect.

"To what extent do you follow the advice and guidelines from the authorities?"

	WEEK 14	**WEEK 15**	**WEEK 16**
NO. OF CASES	714	714	618
1-TO A VERY LOW DEGREE	0%	0%	0%
2	0%	0%	1%
3	2%	1%	2%
4	23%	23%	27%
5-TO A VERY HIGH DEGREE	74%	75%	69%
DON'T KNOW	1%	0%	0%
LOW DEGREE	**0%**	**1%**	**1%**
HIGH DEGREE	**97%**	**98%**	**97%**

Table 5.2.4.

In mid-May 2020 the government continues steps to gradually open the society. I have outlined the full opening of schools as a significant event because it was a long tiresome period for many parents, having their kids homeschooled for periods of time which for many

presented extensive challenges for many families. I consider it interesting to see if this has influenced trust.

"To what extent do you have trust in the authority's management of the coronavirus?"

	WEEK 19	**WEEK 20**	**WEEK 21**
NO. OF CASES	542	520	593
1-TO A VERY LOW DEGREE	2%	3%	1%
2	1%	2%	3%
3	9%	8%	8%
4	34%	33%	32%
5-TO A VERY HIGH DEGREE	54%	53%	55%
DON'T KNOW	1%	1%	1%
LOW DEGREE	**2%**	**5%**	**3%**
HIGH DEGREE	**88%**	**85%**	**87%**

Table 5.2.5.

"To what extent are you worried about getting infected by the coronavirus?"

	WEEK 19	**WEEK 20**	**WEEK 21**
NO. OF CASES	542	520	593
1-TO A VERY LOW DEGREE	19%	19%	21%
2	27%	25%	22%
3	29%	30%	29%
4	14%	16%	20%
5-TO A VERY HIGH DEGREE	11%	8%	7%
DON'T KNOW	0%	1%	0%
LOW DEGREE	**46%**	**44%**	**43%**
HIGH DEGREE	**25%**	**24%**	**27%**

Table 5.2.6.

"The government are implementing the correct measures to handle the pandemic"

	WEEK 19	**WEEK 20**	**WEEK 21**
NO. OF CASES	542	520	593
1-TOTALLY DISAGREE	1%	2%	1%
2	2%	4%	3%
3	13%	12%	14%
4	36%	36%	37%
5-TOTALLY AGREE	45%	44%	43%
DON'T KNOW	2%	2%	2%
DISAGREE	**3%**	**6%**	**4%**
AGREE	**81%**	**80%**	**81%**

Table 5.2.7.

"To what extent do you follow the advice and guidelines from the authorities?"

	WEEK 19	**WEEK 20**	**WEEK 21**
NO. OF CASES	542	520	593
1-TO A VERY LOW DEGREE	1%	1%	0%
2	0%	1%	1%
3	3%	5%	4%
4	26%	35%	32%
5-TO A VERY HIGH DEGREE	70%	58%	62%
DON'T KNOW	0%	0%	0%
LOW DEGREE	**1%**	**2%**	**1%**
HIGH DEGREE	**96%**	**93%**	**94%**

Table 5.2.8.

The previous four tables all together shows a rather stable level of trust towards the management of the coronavirus, this is a trend that seems to go on for most of the summer of 2020 with little to no significant changes to them, there was however a small increase in the worry of contracting the virus by the end of July.

5.3. Early indications a second wave is on the horizon

During August there were some indications that a second wave was ahead of us. Especially eastern parts of Norway and municipalities around Oslo were highly affected. 9th of August Indre Østfold decides to lockdown for a week in order to handle the outbreak they have fallen victim to (Torgersen, 2020). Additionally came the recommendation to use face mask on public transport in Oslo and Indre Østfold.

9th of August is actually the last day of week 32, however, there were no survey conducted that week, neither in week 35, so therefore I will present the results from the surveys from the weeks 33, 34 and 36. Week 33 being the week of lockdown in Indre Østfold. These weeks should by my calculations capture any possible effects from these events.

"To what extent do you have trust in the authority's management of the coronavirus?"

	WEEK 33	**WEEK 34**	**WEEK 36**
NO. OF CASES	721	589	591
1-TO A VERY LOW DEGREE	2%	1%	2%
2	5%	3%	3%
3	14%	13%	11%
4	39%	36%	40%
5-TO A VERY HIGH DEGREE	41%	46%	43%
DON'T KNOW	0%	1%	0%
LOW DEGREE	**6%**	**4%**	**5%**
HIGH DEGREE	**80%**	**82%**	**84%**

Table 5.3.1.

"To what extent are you worried about getting infected by the coronavirus?"

	WEEK 33	WEEK 34	WEEK 36
NO. OF CASES	721	589	591
1-TO A VERY LOW DEGREE	7%	8%	21%
2	16%	16%	20%
3	32%	35%	30%
4	26%	27%	18%
5-TO A VERY HIGH DEGREE	17%	13%	10%
DON'T KNOW	1%	0%	1%
LOW DEGREE	**23%**	**24%**	**41%**
HIGH DEGREE	**43%**	**40%**	**28%**

Table 5.3.2.

"The government are implementing the correct measures to handle the pandemic"

	WEEK 33	WEEK 34	WEEK 36
NO. OF CASES	721	589	591
1-TOTALLY DISAGREE	1%	1%	2%
2	5%	4%	5%
3	15%	16%	23%
4	45%	39%	44%
5-TOTALLY AGREE	33%	38%	25%
DON'T KNOW	1%	2%	2%
DISAGREE	**6%**	**4%**	**7%**
AGREE	**77%**	**77%**	**69%**

Table 5.3.3.

"To what extent do you follow the advice and guidelines from the authorities?"

	WEEK 33	WEEK 34	WEEK 36
NO. OF CASES	521	589	591

1-TO A VERY LOW DEGREE	0%	1%	1%
2	0%	1%	0%
3	4%	4%	7%
4	35%	30%	39%
5-TO A VERY HIGH DEGREE	61%	64%	53%
DON'T KNOW	0%	1%	1%
LOW DEGREE	**0%**	**1%**	**1%**
HIGH DEGREE	**95%**	**94%**	**91%**

Table 5.3.4.

The first table shows no significant changes between the three weeks in question; however, the following table shows a rather significant drop in worry to get infected by the coronavirus. From week 33 showing 43% of the respondents being quite worried about this, dropping down to 28% in week 36. In addition, the third table is showing a drop in peoples' perception that the authorities are implementing the right course of action, dropping from high 70s to below 70 per cent.

5.4. Second wave unfolds

October 2020 was a month of somewhat contradicting events. These events are testament to how quick one can go from zero to hundred in a pandemic and just how infectious the coronavirus was, and still is. During the fall 2020 the news came out that studies were giving good results and Pfizer was ready to apply for approval in USA, leaving us hopeful that the first vaccine was not that far off. The government went from facilitations of national restrictions on the 12th, to implementing new national recommendations only 16 days later, on 28th of October. Moreover, the government presented additional recommendations and restrictions the following week on November 5th. Because of the close proximity between these events, I will present results from weeks 44, 45 and 46 which are period from 26th of October to 15th of November. There has been added a table to these results, as the survey now included willingness to get vaccinated.

"To what extent do you have trust in the authority's management of the coronavirus?"

	WEEK 44	WEEK 45	WEEK 46
NO. OF CASES	746	681	841
1-TO A VERY LOW DEGREE	3%	1%	2%
2	2%	4%	4%
3	13%	14%	12%
4	33%	35%	38%
5-TO A VERY HIGH DEGREE	48%	45%	44%
DON'T KNOW	0%	1%	1%
LOW DEGREE	**5%**	**6%**	**6%**
HIGH DEGREE	**81%**	**80%**	**81%**

Table 5.4.1.

"To what extent are you worried about getting infected by the coronavirus?"

	WEEK 44	WEEK 45	WEEK 46
NO. OF CASES	746	681	841
1-TO A VERY LOW DEGREE	13%	15%	15%
2	19%	18%	15%
3	30%	29%	28%
4	23%	23%	24%
5-TO A VERY HIGH DEGREE	13%	14%	17%
DON'T KNOW	1%	0%	0%
LOW DEGREE	**32%**	**33%**	**31%**
HIGH DEGREE	**37%**	**37%**	**41%**

Table 5.4.2.

"The government are implementing the correct measures to handle the pandemic"

	WEEK 44	WEEK 45	WEEK 46
NO. OF CASES	746	681	841

1-TOTALLY DISAGREE	4%	3%	4%
2	7%	9%	6%
3	23%	22%	20%
4	35%	40%	38%
5-TOTALLY AGREE	29%	25%	29%
DON'T KNOW	2%	2%	3%
DISAGREE	**11%**	**11%**	**10%**
AGREE	**64%**	**64%**	**67%**

Table 5.4.3.

"To what extent do you follow the advice and guidelines from the authorities?"

	WEEK 44	**WEEK 45**	**WEEK 46**
NO. OF CASES	746	681	841
1-TO A VERY LOW DEGREE	0%	1%	1%
2	0%	1%	1%
3	5%	5%	4%
4	34%	35%	29%
5-TO A VERY HIGH DEGREE	60%	58%	64%
DON'T KNOW	0%	0%	1%
LOW DEGREE	**1%**	**1%**	**2%**
HIGH DEGREE	**94%**	**93%**	**93%**

Table 5.4.4.

"Based the information shared on the vaccine, what are the chances of you letting yourself get vaccinated when it's ready?"

	WEEK 44	**WEEK 45**	**WEEK 46**
NO. OF CASES	746	681	841
1-VERY	10%	10%	6%

UNLIKELY			
2	6%	6%	6%
3	12%	15%	13%
4	16%	15%	20%
5-VERY LIKELY	50%	47%	45%
DON'T KNOW	5%	7%	10%
UNLIKELY	**16%**	**16%**	**12%**
LIKELY	**66%**	**62%**	**66%**

Table 5.4.5.

The tables above show only small changes, the deviations are unsignificant within the timeframe it shows here, with only small changes generally ranging with less than five percentage points. Overall, it shows a decent stability at current time.

5.5. The "Corona-Christmas" of 2020

The prelude to Christmas Holidays in 2020 was strongly affected by relatively high infection rates combined with fears of the new mutated virus spreading in the UK. National recommendations to keep Christmas celebrations to a social "low" and ensuring social distancing of at least 1m is possible at all times, forced many to limit celebrations and drop the invitations (Nave et al., 2020). In addition to this, there was those forced to stay at home due to infection or quarantine. All together this left many celebrating Christmas alone in 2020. The period shown below are therefore the last three weeks of 2020.

"To what extent do you have trust in the authority's management of the coronavirus?"

	WEEK 51	**WEEK 52**	**WEEK 53**
NO. OF CASES	610	584	682
1-TO A VERY LOW DEGREE	2%	3%	2%
2	3%	3%	3%
3	10%	11%	11%
4	34%	36%	34%
5-TO A VERY			

HIGH DEGREE	51%	47%	50%
DON'T KNOW	1%	0%	1%
LOW DEGREE	**4%**	**6%**	**5%**
HIGH DEGREE	**85%**	**83%**	**83%**

Table 5.5.1.

"To what extent are you worried about getting infected by the coronavirus?"

	WEEK 51	**WEEK 52**	**WEEK 53**
NO. OF CASES	610	584	682
1-TO A VERY LOW DEGREE	14%	12%	14%
2	20%	19%	18%
3	30%	33%	34%
4	34%	36%	34%
5-TO A VERY HIGH DEGREE	13%	14%	13%
DON'T KNOW	0%	0%	0%
LOW DEGREE	**33%**	**31%**	**31%**
HIGH DEGREE	**35%**	**35%**	**32%**

Table 5.5.2.

"The government are implementing the correct measures to handle the pandemic"

	WEEK 51	**WEEK 52**	**WEEK 53**
NO. OF CASES	610	584	682
1-TOTALLY DISAGREE	4%	3%	4%
2	7%	6%	7%
3	18%	21%	18%
4	38%	38%	37%
5-TOTALLY AGREE	32%	29%	32%
DON'T KNOW	2%	3%	1%

DISAGREE	**11%**	**9%**	**11%**
AGREE	**70%**	**67%**	**70%**

Table 5.5.3.

"To what extent do you follow the advice and guidelines from the authorities?"

	WEEK 51	**WEEK 52**	**WEEK 53**
NO. OF CASES	610	584	682
1-TO A VERY LOW DEGREE	0%	1%	0%
2	1%	0%	1%
3	4%	4%	3%
4	32%	34%	31%
5-TO A VERY HIGH DEGREE	62%	61%	64%
DON'T KNOW	1%	1%	1%
LOW DEGREE	**1%**	**1%**	**1%**
HIGH DEGREE	**94%**	**94%**	**95%**

Table 5.5.4.

"Based the information shared on the vaccine, what are the chances of you letting yourself get vaccinated when it's ready?"

	WEEK 51	**WEEK 52**	**WEEK 53**
NO. OF CASES	610	584	682
1-VERY UNLIKELY	8%	9%	6%
2	5%	5%	3%
3	12%	8%	7%
4	15%	13%	11%
5-VERY LIKELY	55%	59%	71%
DON'T KNOW	6%	6%	3%
UNLIKELY	**13%**	**14%**	**8%**
LIKELY	**70%**	**73%**	**82%**

Table 5.5.5.

The five tables above show a general high and stabile level of trust in all segments of the survey, moreover, the willingness to get vaccinated seems to have a steady incline, increasing from 70% in week 51 to 82% in week 53.

5.6. New year, new challenges

After what for many became a different Christmas and new year-celebration, the year 2021 starts off with the arrival of the Alfa-mutation. The variant of the virus, which originally started in Brittain, was first found on 4th of January in Nordre-Follo. The period after was a period with many changes in management to tackle the new threat. I have therefore below presented the results of the survey from the weeks in the second half of January where many changes took place, and the first two weeks of February for comparison.

"To what extent do you have trust in the authority's management of the coronavirus?"

	WEEK 2	**WEEK 3**	**WEEK 5**	**WEEK 6**
NO. OF CASES	636	579	637	639
1-TO A VERY LOW DEGREE	2%	3%	3%	4%
2	3%	4%	3%	4%
3	13%	12%	14%	19%
4	35%	34%	37%	34%
5-TO A VERY HIGH DEGREE	45%	46%	43%	40%
DON'T KNOW	1%	1%	1%	0%
LOW DEGREE	**5%**	**7%**	**6%**	**7%**
HIGH DEGREE	**81%**	**80%**	**80%**	**74%**

Table 5.6.1.

"To what extent are you worried about getting infected by the coronavirus?"

	WEEK 2	**WEEK 3**	**WEEK 5**	**WEEK 6**
NO. OF CASES	636	579	637	639

1-TO A VERY LOW DEGREE	18%	17%	18%	16%
2	21%	23%	16%	21%
3	28%	28%	31%	31%
4	18%	21%	20%	18%
5-TO A VERY HIGH DEGREE	14%	9%	14%	12%
DON'T KNOW	1%	0%	1%	0%
LOW DEGREE	**38%**	**41%**	**34%**	**37%**
HIGH DEGREE	**32%**	**30%**	**34%**	**30%**

Table 5.6.2.

"The government are implementing the correct measures to handle the pandemic"

	WEEK 2	**WEEK 3**	**WEEK 5**	**WEEK 6**
NO. OF CASES	636	579	637	639
1-TOTALLY DISAGREE	4%	5%	3%	5%
2	9%	8%	7%	9%
3	18%	21%		18%
4	22%	23%	28%	26%
5-TOTALLY AGREE	24%	29%	24%	24%
DON'T KNOW	3%	1%	3%	2%
DISAGREE	**13%**	**13%**	**11%**	**14%**
AGREE	**62%**	**63%**	**59%**	**58%**

Table 5.6.3.

"To what extent do you follow the advice and guidelines from the authorities?"

	WEEK 2	**WEEK 3**	**WEEK 5**	**WEEK 6**
NO. OF CASES	636	579	637	639
1-TO A VERY	0%	0%	0%	0%

LOW DEGREE				
2	0%	1%	0%	0%
3	5%	3%	4%	3%
4	26%	28%	26%	29%
5-TO A VERY HIGH DEGREE	68%	67%	70%	67%
DON'T KNOW	1%	0%	0%	1%
LOW DEGREE	**0%**	**1%**	**0%**	**0%**
HIGH DEGREE	**94%**	**95%**	**96%**	**96%**

Table 5.6.4.

"Based the information shared on the vaccine, what are the chances of you letting yourself get vaccinated when it's ready?"

	WEEK 2	**WEEK 3**	**WEEK 5**	**WEEK 6**
NO. OF CASES	636	579	637	639
1-VERY UNLIKELY	5%	6%	4%	4%
2	3%	3%	3%	3%
3	7%	6%	4%	4%
4	11%	11%	11%	10%
5-VERY LIKELY	71%	72%	75%	76%
DON'T KNOW	3%	2%	2%	3%
UNLIKELY	**8%**	**9%**	**7%**	**7%**
LIKELY	**82%**	**83%**	**86%**	**86%**

Table 5.6.5.

The results from the beginning of 2021 show a small but not unsignificant decline in trust towards authorities in the first table, from 81% in week 2 to 74% in week 6. Put in context with the previous weeks before Christmas, this is even more significant. The following tables shows stabile percentages compared to the weeks before Christmas and without any significant changes. The willingness to get vaccinated seemed to have stabilized above 80%.

5.7. The third wave

By mid-March the third wave was a fact, and the alfa variant, slowly took over other varieties and became dominant. The fact was, the third wave was upon us, however, so was the vaccine. The distribution of the vaccine was well underway, and most nursing home residents and elder above the age of 85 was vaccinated. The pressure of infection was very uneven between the different parts of Norway, and places of higher population density, especially eastern parts around the capitol, were severely exposed (NOU 2021:6, p. 25–26). Even so, on March 25th, the authorities decided to implement new, stronger measures nationally to tackle the infectious spread, including 2m social distancing, closed alcohol serving and recommended face masks (Ministry of Health and Care Services, 2021). Therefore, the results presented below shows the last three weeks of March, putting 25th of March in the middle of week 12. For reasons unknown to me, the surveys in these weeks did not include the question of worry about getting infected, nor willingness to get vaccinated, the latter might be because the vaccine is fully underway at this point in time.

"To what extent do you have trust in the authority's management of the coronavirus?"

	WEEK 11	**WEEK 12**	**WEEK 13**
NO. OF CASES	1828	1691	1492
1-TO A VERY LOW DEGREE	4%	3%	3%
2	5%	4%	6%
3	16%	16%	14%
4	38%	36%	37%
5-TO A VERY HIGH DEGREE	37%	40%	40%
DON'T KNOW	1%	1%	1%
LOW DEGREE	**9%**	**8%**	**9%**
HIGH DEGREE	**74%**	**76%**	**77%**

Table 5.7.1.

"The government are implementing the correct measures to handle the pandemic"

	WEEK 11	WEEK 12	WEEK 13
NO. OF CASES	1828	1691	1492
1-TOTALLY DISAGREE	7%	6%	6%
2	10%	10%	10%
3	27%	28%	27%
4	36%	36%	35%
5-TOTALLY AGREE	17%	19%	21%
DON'T KNOW	2%	2%	1%
DISAGREE	**17%**	**16%**	**16%**
AGREE	**54%**	**54%**	**56%**

Table 5.7.2.

"To what extent do you follow the advice and guidelines from the authorities?"

	WEEK 11	WEEK 12	WEEK 13
NO. OF CASES	1828	1691	1492
1-TO A VERY LOW DEGREE	1%	1%	0%
2	1%	0%	1%
3	4%	3%	4%
4	25%	25%	30%
5-TO A VERY HIGH DEGREE	69%	70%	64%
DON'T KNOW	1%	1%	1%
LOW DEGREE	**2%**	**1%**	**1%**
HIGH DEGREE	**93%**	**95%**	**94%**

Table 5.7.3.

The three tables above show little change in the timeframe of three weeks, however, in a longer time perspective there are indications that trust in authorities, as shown in the first

table, are on a small but steady decline. Previous results have put this question on stabile 80s, now down to what now looks to be stabile 70s.

5.8. Initiating steps to re-open whilst dealing with new threats

On April 16th the government initiated the first of what was originally four (later reduced to three) steps in a long-term strategy plan on how to gradually re-open the Norwegian society. The first step included lifting the alcohol serving-ban, yet still restricting it, reduction of the recommended social distance and permitting minor sports activities (Statsministerens kontor, 2021).

In that same month the Norwegian society was exposed to the Delta variant (Indian variant) which turned out to be both more infectious and dangerous (Yale medicine, 2022).

Below are the results from the surveys conducted in the period 12th of April to 2nd of May, which should show any immediate effects of the reopening.

"To what extent do you have trust in the authority's management of the coronavirus?"

	WEEK 15	**WEEK 16**	**WEEK 17**
NO. OF CASES	1253	1382	1479
1-TO A VERY LOW DEGREE	3%	2%	2%
2	5%	4%	4%
3	15%	17%	13%
4	37%	37%	36%
5-TO A VERY HIGH DEGREE	39%	39%	44%
DON'T KNOW	1%	1%	1%
LOW DEGREE	**8%**	**7%**	**6%**
HIGH DEGREE	**76%**	**76%**	**80%**

Table 5.8.1

"The government are implementing the correct measures to handle the pandemic"

	WEEK 15	**WEEK 16**	**WEEK 17**
NO. OF CASES	1253	1382	1479

1-TOTALLY DISAGREE	6%	5%	5%
2	10%	10%	8%
3	26%	25%	24%
4	36%	36%	36%
5-TOTALLY AGREE	21%	22%	24%
DON'T KNOW	2%	2%	2%
DISAGREE	**16%**	**15%**	**14%**
AGREE	**57%**	**58%**	**60%**

Table 5.8.2

"To what extent do you follow the advice and guidelines from the authorities?"

	WEEK 15	**WEEK 16**	**WEEK 17**
NO. OF CASES	1828	1691	1492
1-TO A VERY LOW DEGREE	1%	1%	1%
2	1%	1%	1%
3	4%	4%	5%
4	28%	31%	26%
5-TO A VERY HIGH DEGREE	66%	63%	67%
DON'T KNOW	1%	1%	1%
LOW DEGREE	**1%**	**1%**	**2%**
HIGH DEGREE	**94%**	**94%**	**93%**

Table 5.8.3.

The three tables above show no significant changes at this point in time.

In May, the national day would once again be celebrated without the traditional children's parade in the capitol. However, given a relatively stable level of infection and few hospitalizations the government decided to continue with initiating step 2 of the plan to re-

open society 27th of May, amongst other, this step included more physical attendance at schools and travels within Norway was no longer advised against (NOU 2022:5, p. 28–29). The following period shows results from week 20 to 22, putting 27th of May in week 21.

"To what extent do you have trust in the authority's management of the coronavirus?"

	WEEK 20	**WEEK 21**	**WEEK 22**
NO. OF CASES	1583	1446	1378
1-TO A VERY LOW DEGREE	3%	3%	3%
2	4%	4%	4%
3	15%	14%	13%
4	35%	37%	39%
5-TO A VERY HIGH DEGREE	42%	42%	40%
DON'T KNOW	1%	1%	1%
LOW DEGREE	**7%**	**7%**	**7%**
HIGH DEGREE	**77%**	**77%**	**79%**

Table 5.8.4

"The government are implementing the correct measures to handle the pandemic"

	WEEK 20	**WEEK 21**	**WEEK 22**
NO. OF CASES	1583	1446	1378
1-TOTALLY DISAGREE	5%	5%	6%
2	9%	9%	9%
3	24%	25%	24%
4	37%	37%	38%
5-TOTALLY AGREE	23%	23%	22%
DON'T KNOW	2%	1%	2%
DISAGREE	**15%**	**14%**	**15%**
AGREE	**59%**	**60%**	**60%**

Table 5.8.5.

"To what extent do you follow the advice and guidelines from the authorities?"

	WEEK 20	**WEEK 21**	**WEEK 22**
NO. OF CASES	1583	1446	1378
1-TO A VERY LOW DEGREE	1%	1%	0%
2	1%	1%	1%
3	5%	5%	7%
4	30%	30%	30%
5-TO A VERY HIGH DEGREE	63%	62%	61%
DON'T KNOW	1%	1%	1%
LOW DEGREE	**1%**	**2%**	**1%**
HIGH DEGREE	**93%**	**93%**	**91%**

Table 5.8.6.

The results from the three tables above show little to no significant change in the respondents answers.

In June the authorities decided to take the next step in the plan to reopen society, on the 20th of June the third step was initiated and people could have more visitors, less home-office, vaccinated doesn't have to follow rules of 1m social distancing in many cases and an increase in mumbers allowed for gatherings and events were initiated (The Office of the Prime Minister, 2021). The following tables show week 24 and 25, which were the two last weeks of June, and because there were no surveys conducted in week 26 and 27, I have chosen to show the results from week 28 for comparison, in order to have something to show for in close proximity in the period after step 3 was initiated.

"To what extent do you have trust in the authority's management of the coronavirus?"

	WEEK 24	**WEEK 25**	**WEEK 28**
NO. OF CASES	1293	1342	1700
1-TO A VERY	2%	3%	5%

LOW DEGREE			
2	5%	3%	5%
3	13%	11%	10%
4	36%	37%	32%
5-TO A VERY HIGH DEGREE	44%	46%	47%
DON'T KNOW	1%	1%	1%
LOW DEGREE	**7%**	**6%**	**10%**
HIGH DEGREE	**79%**	**82%**	**79%**

Table 5.8.7.

"The government are implementing the correct measures to handle the pandemic"

	WEEK 24	**WEEK 25**	**WEEK 28**
NO. OF CASES	1293	1342	1700
1-TOTALLY DISAGREE	5%	4%	8%
2	9%	7%	8%
3	23%	21%	20%
4	36%	41%	38%
5-TOTALLY AGREE	27%	26%	25%
DON'T KNOW	1%	1%	2%
DISAGREE	**13%**	**11%**	**15%**
AGREE	**63%**	**67%**	**63%**

Table 5.8.8.

"To what extent do you follow the advice and guidelines from the authorities?"

	WEEK 24	**WEEK 25**	**WEEK 28**
NO. OF CASES	1293	1342	1700
1-TO A VERY LOW DEGREE	1%	0%	1%
2	1%	1%	1%

3	5%	5%	6%
4	28%	31%	35%
5-TO A VERY HIGH DEGREE	64%	63%	56%
DON'T KNOW	0%	0%	1%
LOW DEGREE	**2%**	**1%**	**2%**
HIGH DEGREE	**92%**	**94%**	**91%**

Table 5.8.9.

The results in the tables above show no significant changes in this period.
All in all, the period between April and June where all three steps to reopen society where initiated, the changes are only small and the degree of trust in all levels shown here seems to be quite stable.

5.9. The fourth wave

In mid-August around the time of school starting the national authorities decided schools will open without any major restrictions and students will be exempted from social distancing, in addition, students will have the option to test themselves out of quarantine (Regjeringen, 2022). Despite this, after a long summer of relatively low infection rates, a couple of weeks after school started, it was clear we were once again moving towards a new wave of infection. Especially the start of school resulted in a massive boost in infectious spread, especially in areas that was already experiencing high levels of infection. Local authorities in these areas were encouraged to take action and consider activating higher level of preparedness in their schools to remedy with the spread of infection (NOU 2022:5, p. 30). Below shows the results from the surveys conducted in the last half of August, the period after school started.

"To what extent do you have trust in the authority's management of the coronavirus?"

	WEEK 33	**WEEK 34**	**WEEK 35**
NO. OF CASES	1218	1362	1299
1-TO A VERY LOW DEGREE	2%	3%	3%
2	4%	3%	5%

3	14%	15%	17%
4	35%	35%	38%
5-TO A VERY HIGH DEGREE	44%	43%	37%
DON'T KNOW	1%	1%	0%
LOW DEGREE	**6%**	**6%**	**8%**
HIGH DEGREE	**79%**	**78%**	**75%**

Table 5.9.1.

"To what extent are you worried about getting infected by the coronavirus?"

	WEEK 33	**WEEK 34**	**WEEK 35**
NO. OF CASES	1218	1362	1299
1-TO A VERY LOW DEGREE	21%	22%	20%
2	23%	23%	24%
3	29%	28%	29%
4	16%	16%	17%
5-TO A VERY HIGH DEGREE	8%	8%	8%
DON'T KNOW	1%	1%	1%
LOW DEGREE	**44%**	**46%**	**44%**
HIGH DEGREE	**24%**	**24%**	**25%**

Table 5.9.2.

"The government are implementing the correct measures to handle the pandemic"

	WEEK 33	**WEEK 34**	**WEEK 35**
NO. OF CASES	1218	1362	1299
1-TOTALLY DISAGREE	3%	5%	5%
2	8%	8%	9%
3	23%	25%	30%

4	39%	34%	33%
5-TOTALLY AGREE	24%	24%	20%
DON'T KNOW	3%	3%	2%
DISAGREE	**11%**	**13%**	**14%**
AGREE	**63%**	**58%**	**53%**

Table 5.9.3.

"To what extent do you follow the advice and guidelines from the authorities?"

	WEEK 33	**WEEK 34**	**WEEK 35**
NO. OF CASES	1218	1362	1299
1-TO A VERY LOW DEGREE	1%	1%	1%
2	1%	1%	1%
3	9%	8%	8%
4	36%	38%	39%
5-TO A VERY HIGH DEGREE	52%	51%	51%
DON'T KNOW	1%	1%	1%
LOW DEGREE	**2%**	**3%**	**2%**
HIGH DEGREE	**88%**	**89%**	**90%**

Table 5.9.4.

The four tables above show an overall stability in the numbers. There are not any changes of significance within that timeframe. One can however, spot a very small tendency in decrease in compliance to follow guidelines from the authorities, though this is just a very small indication that must be confirmed over a longer time perspective.

5.10. The new normal

By fall 2021 the levels of infection had decreased and stabilized, in addition, a very high percentage of adult Norwegians had been vaccinated (FHI, 2022). 25th of November the government implemented "back to normal with increased preparedness". This was a strategy

that included removing all domestic restrictions, including social distancing of 1m, except the requirement to self-isolate when sick (NOU 2022:5, s. 31).

"To what extent do you have trust in the authority's management of the coronavirus?"

	WEEK 38	**WEEK 39**	**WEEK 40**	**WEEK 41**
NO. OF CASES	1114	1080	1217	1233
1-TO A VERY LOW DEGREE	2%	2%	2%	3%
2	3%	3%	3%	3%
3	11%	12%	13%	11%
4	34%	36%	34%	33%
5-TO A VERY HIGH DEGREE	49%	46%	48%	50%
DON'T KNOW	1%	1%	0%	1%
LOW DEGREE	**5%**	**6%**	**5%**	**6%**
HIGH DEGREE	**83%**	**82%**	**82%**	**83%**

Table 5.10.1.

"To what extent are you worried about getting infected by the coronavirus?"

	WEEK 38	**WEEK 39**	**WEEK 40**	**WEEK 41**
NO. OF CASES	1114	1080	1217	1233
1-TO A VERY LOW DEGREE	26%	24%	26%	24%
2	28%	24%	26%	27%
3	23%	26%	27%	27%
4	14%	15%	13%	12%
5-TO A VERY HIGH DEGREE	7%	8%	5%	7%
DON'T KNOW	0%	1%	1%	1%
LOW DEGREE	**54%**	**48%**	**52%**	**51%**
HIGH	**21%**	**23%**	**18%**	**19%**

DEGREE	

Table 5.10.2.

"The government are implementing the correct measures to handle the pandemic"

	WEEK 38	**WEEK 39**	**WEEK 40**	**WEEK 41**
NO. OF CASES	1114	1080	1217	1233
1-TOTALLY DISAGREE	4%	3%	4%	4%
2	8%	6%	6%	5%
3	23%	25%	21%	20%
4	35%	34%	37%	38%
5-TOTALLY AGREE	27%	29%	30%	30%
DON'T KNOW	3%	2%	2%	2%
DISAGREE	**11%**	**10%**	**10%**	**9%**
AGREE	**63%**	**63%**	**67%**	**68%**

Table 5.10.3.

"To what extent do you follow the advice and guidelines from the authorities?"

	WEEK 38	**WEEK 39**	**WEEK 40**	**WEEK 41**
NO. OF CASES	1114	1080	1217	1233
1-TO A VERY LOW DEGREE	1%	1%	1%	1%
2	1%	1%	1%	1%
3	10%	9%	8%	9%
4	37%	34%	41%	40%
5-TO A VERY HIGH DEGREE	51%	54%	48%	47%
DON'T KNOW	1%	1%	1%	1%
LOW DEGREE	**1%**	**2%**	**2%**	**2%**
HIGH DEGREE	**89%**	**89%**	**89%**	**88%**

Table 5.10.4.

5.11. The fifth wave

During November 2021 the fear of the Omicron-variant discovered in South-Africa grew. The virus showed to be highly infectious, even more then the Delta-variant, and lack of data about how dangerous it was compared to other variants grew increasing worry. Even so, despite immediate measures like strict travel restrictions, the variant was discovered in Norway by the beginning of December and spread like wildfire thereafter.

"To what extent do you have trust in the authority's management of the coronavirus?"

	WEEK 47	**WEEK 48**	**WEEK 49**	**WEEK 50**
NO. OF CASES	1309	1352	1406	1449
1-TO A VERY LOW DEGREE	4%	5%	6%	6%
2	7%	9%	9%	8%
3	17%	20%	21%	19%
4	37%	33%	34%	35%
5-TO A VERY HIGH DEGREE	34%	32%	29%	31%
DON'T KNOW	1%	1%	1%	0%
LOW DEGREE	**11%**	**14%**	**15%**	**14%**
HIGH DEGREE	**71%**	**65%**	**63%**	**67%**

Table 5.11.1.

"To what extent are you worried about getting infected by the coronavirus?"

	WEEK 47	**WEEK 48**	**WEEK 49**	**WEEK 50**
NO. OF CASES	1309	1352	1406	1449
1-TO A VERY LOW DEGREE	18%	19%	18%	19%
2	22%	20%	19%	19%
3	28%	30%	25%	28%
4	20%	18%	21%	18%

5-TO A VERY HIGH DEGREE	10%	11%	13%	12%
DON'T KNOW	1%	1%	1%	1%
LOW DEGREE	**40%**	**39%**	**37%**	**38%**
HIGH DEGREE	**29%**	**28%**	**34%**	**30%**

Table 5.11.2.

"The government are implementing the correct measures to handle the pandemic"

	WEEK 47	**WEEK 48**	**WEEK 49**	**WEEK 50**
NO. OF CASES	1309	1352	1406	1449
1-TOTALLY DISAGREE	x	x	10%	9%
2	x	x	13%	16%
3	x	x	32%	29%
4	x	x	28%	13%
5-TOTALLY AGREE	x	x	13%	14%
DON'T KNOW	x	x	3%	2%
DISAGREE	**x**	**x**	**23%**	**24%**
AGREE	**x**	**x**	**42%**	**45%**

Table 5.11.3.

"To what extent do you follow the advice and guidelines from the authorities?"

	WEEK 47	**WEEK 48**	**WEEK 49**	**WEEK 50**
NO. OF CASES	1309	1352	1406	1449
1-TO A VERY LOW DEGREE	1%	1%	1%	1%
2	2%	1%	2%	1%
3	11%	7%	7%	5%
4	35%	37%	30%	31%
5-TO A VERY				

HIGH DEGREE	51%	53%	59%	61%
DON'T KNOW	1%	0%	0%	1%
LOW DEGREE	**3%**	**3%**	**3%**	**2%**
HIGH DEGREE	**86%**	**89%**	**89%**	**92%**

Table 5.11.4.

5.12. The beginning of a new year and the "aftermath" of Omicron

The start of the year 2022 was highly affected by the spread of Omicron and general high levels of infection. However, despite all time high infectious spread, the number of people being hospitalized with the disease were extremely low in comparison, a testament to a high percentage of vaccinated people in addition to its function against serious illness. The following tables show the period mid-January to mid-February, a period where Norwegian authorities lifted a lot, ultimately all, of the regulations and many recommendations, despite said high levels of infection.

"To what extent do you have trust in the authority's management of the coronavirus?"

	WEEK 2	**WEEK 3**	**WEEK 4**	**WEEK 5**	**WEEK 6**	**WEEK 7**
NO. OF CASES	1661	1656	1244	1208	1151	1310
1-TO A VERY LOW DEGREE	6%	5%	5%	5%	4%	7%
2	6%	7%	9%	8%	7%	6%
3	21%	21%	21%	16%	19%	16%
4	33%	35%	32%	35%	39%	34%
5-TO A VERY HIGH DEGREE	33%	30%	33%	35%	31%	36%
DON'T KNOW	1%	1%	1%	1%	1%	1%
LOW DEGREE	**12%**	**12%**	**14%**	**13%**	**11%**	**13%**
HIGH DEGREE	**66%**	**66%**	**64%**	**70%**	**70%**	**70%**

Table 5.12.1.

"To what extent are you worried about getting infected by the coronavirus?"

	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7
NO. OF CASES	1661	1656	1244	1208	1151	1310
1-TO A VERY LOW DEGREE	24%	25%	28%	28%	27%	31%
2	23%	22%	23%	22%	21%	18%
3	24%	24%	21%	21%	18%	19%
4	14%	13%	14%	10%	12%	10%
5-TO A VERY HIGH DEGREE	8%	8%	6%	6%	7%	6%
DON'T KNOW	1%	1%	1%	0%	0%	1%
LOW DEGREE	**48%**	**47%**	**51%**	**51%**	**49%**	**49%**
HIGH DEGREE	**22%**	**21%**	**20%**	**17%**	**18%**	**15%**

Table 5.12.2.

"The government are implementing the correct measures to handle the pandemic"

	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7
NO. OF CASES	1661	1656	1244	1208	1151	1310
1-TOTALLY DISAGREE	9%	9%	9%	6%	7%	8%
2	13%	14%	12%	12%	13%	11%
3	32%	33%	34%	31%	32%	29%
4	28%	28%	29%	31%	29%	31%
5-TOTALLY AGREE	15%	13%	14%	17%	17%	20%
DON'T KNOW	3%	3%	2%	3%	2%	2%
DISAGREE	**23%**	**23%**	**21%**	**18%**	**20%**	**19%**
AGREE	**42%**	**41%**	**43%**	**48%**	**46%**	**50%**

Table 5.12.3.

"To what extent do you follow the advice and guidelines from the authorities?"

	WEEK 2	WEEK 3	WEEK 4	WEEK 5	WEEK 6	WEEK 7
NO. OF CASES	1661	1656	1244	1208	1151	1310
1-TO A VERY LOW	1%	1%	1%	1%	1%	3%

DEGREE						
2	2%	2%	2%	2%	1%	2%
3	7%	8%	7%	8%	10%	9%
4	33%	32%	32%	35%	31%	31%
5-TO A VERY HIGH DEGREE	57%	57%	56%	53%	56%	55%
DON'T KNOW	1%	1%	1%	0%	0%	0%
LOW DEGREE	**3%**	**3%**	**3%**	**3%**	**2%**	**6%**
HIGH DEGREE	**90%**	**89%**	**88%**	**89%**	**87%**	**85%**

Table 5.12.4.

6. Discussion

6.1. Institutional trust in Norwegian society

What determines the level of institutional trust in Norway? A highly Norwegian phenomenon which can have an explanatory effect on the high levels of public trust in Norway is what is denoted as Janteloven.

Janteloven is a Norwegian phenomenon which can be translated to "law of Jante", it was originally created to describe petty bourgeois' narrow-mindedness and arrogance in the fictious small town of "Jante", but is normally considered Norwegian anyway. Janteloven enounces that "you shall not think you are better than us". In simpler terms it says that we must all stand together and that one should not deflect from the common good. It can be considered as an homage to the equality thinking that has proven as a fundamental value for the Norwegian society (Graver et al., 2020, p. 22).

Moreover, the organization for economic co-operation and development (OECD) recently released an extensive report on the driving factors of institutional trust in Norway: *Drivers of trust in public institutions in Norway* (2022). The report introduces recent data on several aspect of institutional trust in Norway. There is a relatively great variation of public trust in institutions based on what type of institution it is. However, there is a high level of confidence in the capacity of the health system and that Norwegians can trust to be treated as one would expect in case of admission. The institution in Norway that endures the lowest level of trust is the Norwegian labor and welfare administration, also known as NAV (OECD, 2022, p. 23).

However, can we really trust such numbers to a full extent? I would argue that no, as with anything, there are nuances within these numbers that should be lifted forward. Following the reasoning of OECD (2022), the problem with numbers and this way of displaying and measuring trust is that nuances and aspects get lost in translation. For example, even though Norwegian society have a high level of institutional trust, there are dividing factors impacting social cohesion. High numeric averages conceal differences in population, like people residing in rural areas, low-income families and persons with low education. Norway is an elongated country with a significant spread between people, and those living outside the major cities, especially in the most rural areas will experience a greater distance to public institutions and services reducing their experience with them, consequently reducing their level of satisfaction. Additionally, Rural residents often feel national politics are controlled by urban areas, and that they can't influence politics (OECD, 2022, p. 40). This problem made itself relevant during corona as well, because as government implemented national measures to tackle the threat, there were areas and smaller, rural places that had yet to see or meet a single infected person. An example that comes to mind is one of my own; my family which lives in a very small mountain municipality called Folldal, far north in 'Eastern-valley' in Norway. This municipality has about 1500 residents and are an hour's drive from the nearest town, with mostly cabin people seasonally visiting. In addition, it is also somewhat shielded, especially in winter due to harsh winters and awful driving conditions. Anyhow, they experienced their first case of covid in October, 2020 (Grue, 2020), meaning they spent around 6 months having to follow the same restrictions as people in Oslo, for example. The point is that it is likely a vast difference between the experience of government management between person 1 in Folldal and person 2 in Oslo, because in Oslo many of these measures made sense and probably felt so, whereas having to close the only pub in Folldal must have felt less meaningful and closer to unfair because of the situation there. These are the kinds of nuances which basically disappears when determining levels of trust in numbers and averages.

6.2. Stability of trust in Norway during the pandemic

The theoretical starting point is that trust is a rather stable phenomenon despite claims of the contrary. Additionally, Norwegian trust is also often described as particularly high in a world context, both in society in general, as well as trust in authorities. Even so, the corona pandemic introduced the Norwegian society to new and different challenges prior to before, leaving room for much more uncertainty. Consequently, high degree of uncertainty leads to

high levels of stress and anxiety (Koerner & Morales-Cruz, 2021). This level of uncertainty poses equally challenging hurdles for authorities to overcome, Boin et al (2005) stresses that: "In a crisis, authorities often lose control, if only temporarily, over the dramaturgy of political communication. They are literally overtaken by events. The mass media rapidly generate powerful images and frames of the situation, well-crafted for mass consumption" (Boin et al., 2005, s. 69). On top of this, authorities also had to deal with an epistemic uncertainty, leaving them without proper data to base their decisions on. Mechanisms like this is likely to have played an important role in the initial stages of the pandemic, resulting in a rather significant decrease in trust in the authority's management of the crisis, at that time.

However, the pandemic continued far beyond the spring of 2020, and to this very day, there is great uncertainty about the forthcoming. So how has over two years of pandemic affected the trust the Norwegian people have in their authorities? The level of trust is still quite high, however, I have found that there has been a steady decrease in trust in authorities management over the course of the pandemic. This decrease is not extreme, nor is it rapid, but I consider it significant. I have included all my presented data in a chart to illustrate how this decrease in trust has developed over time:

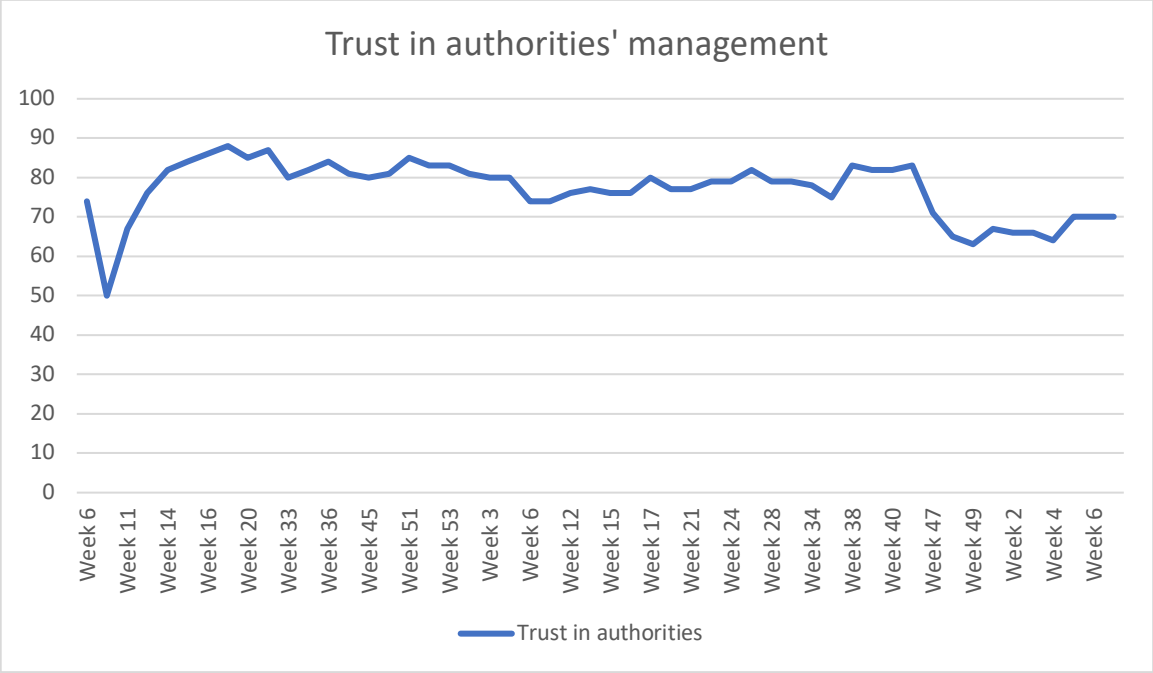


Figure 3: Trust in authorities throughout the pandemic

The initial and general takeout from this is that the stability of trust in authorities during the corona pandemic overall appears to be at a relatively stable level. And some of the

fluctuations can be explained by the context of which it occurs in, indicating that new waves and following uncertainties of that or national regulations can cause a stronger feeling of risk. However, what figure 3 first and foremost appears to show is two main aspects: first, the initial stages of the pandemic when trust in the management hit a low point before experiencing an extensive increase. When looking at the data presented in table 5.1.1. and 5.1.2. there is a significant change in the period between week 6, which is mid-February, to week 10, which is the week before the government introduced and implemented the first lock-down. In a four-week period, the level of low trust towards the authorities as shown in 5.1.1. (Low degree) increases with 13 percentage points, from 6% to 19%, despite week 10 having 300 less respondents than week 6. This puts trust in authorities to an all-time low 50% in week 10, the week before the lock-down. An equally interesting find is that the worry to get infected as shown in table 5.1.2. (High degree) rises severely from 5% to 27% between week 6 and 10. What happened in these weeks that impacted the trust in authorities to this extent? Well firstly, many things happened both inside and outside Norway contributing to affect and alter risk perception, and above all, in this four-week period, the corona virus was confirmed for the first time in Norway during this period. Additionally, the winter-break in 2020 was in week 8 and 9, meaning the outbreak connected to the ski resort in the Austrian alps occurred within this timeframe.

On 8th of march, which is the last day of week 10, Norwegian media coverage centred around an incident where a plane from North-Italy had landed on Torp airport completely without infection control measures (Bugge et al., 2020), whereas in contrast, the main airport in Norway; Gardermoen, operated by meeting travellers from Italy with health care workers- and police in protection suits. On the same day, North-Italy goes into lockdown because of the severity of the situation there. All the above has likely had some impact on risk perception in all levels of Norwegian society. The virus went from being at a manageable length's distance, to suddenly being in our back yards. The only reference points most people had at this point, was what they had witnessed through media coverage. In this period people were experiencing a great deal of stress because of the coronavirus, more so, the uncertainty related to this new virus where even the experts couldn't provide proper answers. Media coverage about deaths and number of cases amplify peoples' feeling of risk. As Aven & Bouder (2020) puts it:

> Coronavirus hits all the hot buttons: unknown, new and delays in effects, lack of control, and catastrophic potential, often summarized by the two dimensions, newness

> and dread. The result is that the risk is amplified, and there is a potential for overreaction, which may in turn induce reckless behaviour and harm. (Aven & Bouder, 2020, p. 3)

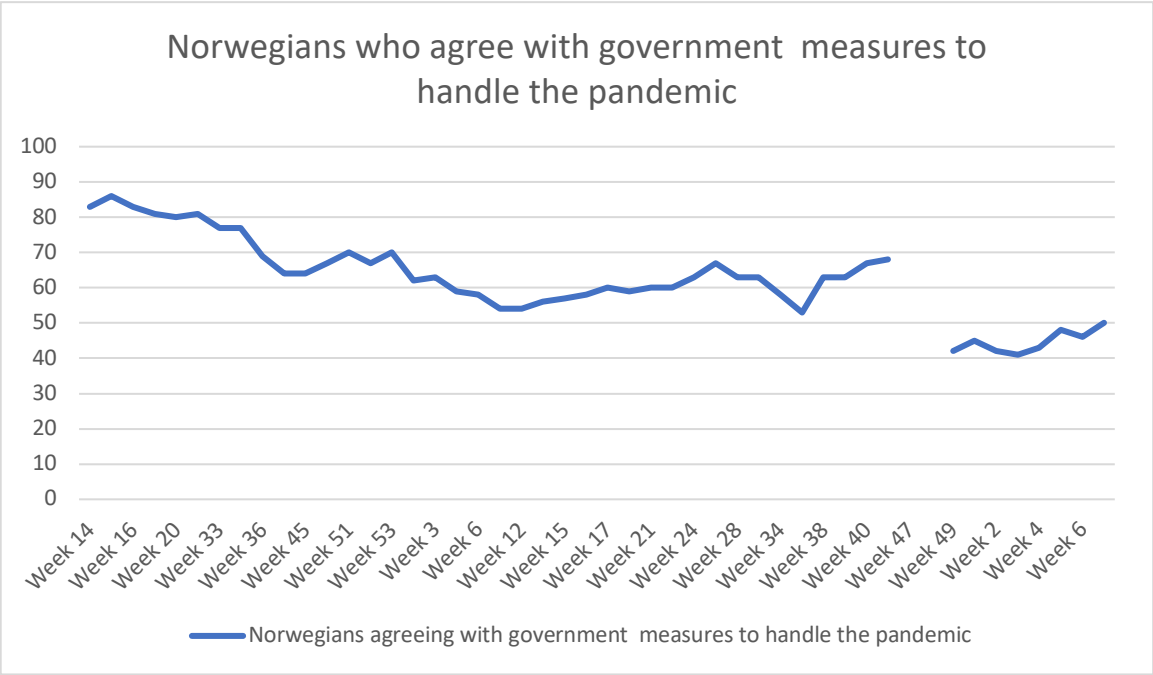
For the government tackling this crisis there is a dilemma that presents itself, the dilemma between acting accordingly or waiting for more information. When decision makers lack knowledge, they often make a tradeoff between delaying decisions and wait for additional information in order to reduce uncertainty (Rydmark et al., 2021). In many cases this has small implications and show that decision makers wish to come across as certain in their decisions. However, in time sensitive situations, this rationale can have devastating effects. Therefore, my interpretations are that many Norwegians were eager for the authorities to show action, and if anything, at least follow other countries proactiveness and lock down while waiting for further information. This interpretation is strengthened when taking into consideration the changes in trust in authorities management as shown in 5.1.1. from week 10 to week 11–when the lock-down was implemented, and furthermore, to week 12.
The government was tackling a high level of uncertainty, and their decision to close down was a decision that have not been seriously contested, actually the Norwegian inquiry have already concluded it was the only right thing to do at that time, because waiting for more knowledge was considered too much of a risky option (Koronakommisjonen, 2021). The level of trust after the lockdown, have likely played a significant role in determining the level of compliance at this time, especially considering skewed distribution of burden in society as discussed in previous chapter.

The following increase in trust in Norwegian authorities' management after the lockdown is in line with theoretical expectations as the Norwegian public came together in supporting the government management, this is also known as the "rally round the flag-effect" (Mueller, 1970). Erhardt et al. (2021) argues these effects are first and foremost emotional responses in the public, whereas the decrease can be explained by anger (in this case anger of not doing enough, or doing it wrong), and the 'rally round the flag-effect' is a result of fear (Erhardt et al., 2021).

The second aspect that figure 1 show, is that there is a conspicuous pattern that corresponds between some of the low points in the chart and time periods in the timeline resembled by events eventually leading up to stricter measures. For example, the second wave which started

to unfold right about the time around week 45 and shows a low point of trust at 80% with a slight increase towards Christmas, followed by another drop after new year's all the way down to 74%. This was around the time the threat from the British mutation, later known as Alfa variant, was becoming an imminent threat, as the variant had been detected in Norway in the beginning of January. This lead up to the third wave which culminated in new national restrictions in March, where trust is already well below 80% with 76% in week 12, when these new measures where implemented. Furthermore, the chart (figure 3) shows a rather stable period between weeks 15-41, ranging anywhere from 75-83%. In the following weeks up to week 49 with a significant decrease in trust, all the way down to 63%.

The weeks leading up to this were characterized by fear of the Omicron variant, which was spreading throughout Europe like wildfire, combined with high degrees of uncertainty about the effects of the vaccines on this variant. This was based on previous experience of dealing with the Delta variant, which had a high success rate–compared to other variants–at making people sick even being fully vaccinated. Since most Norwegians at this time were fully vaccinated–and many in the process of receiving a third dose, combined with a fear of a new lockdown, this could have contributed to making new national restrictions unpopular. There are contradicting justifications behind these messages; on the one hand the government are asking the public to let themselves get vaccinated in order to protect themselves and others, on the other hand they are communicating that they are not certain the vaccines have effect, and therefore they must implement new regulations. We can attempt to see if there is any connection between trust in authorities' management and the level of agreement of the measures implemented by looking at people's attitudes about the measures the government have implemented over a longer perspective:



Figur 4: Norwegians who agree with government measures

Figure 4 shows that Norwegians are fairly consistent in their responses, as one should expect, because it would seem inconsistent to distrust government corona-management and at the same time agree with the measures. This chart shows that there is somewhat consistency in the answers.

Moreover, the Norwegian public have shown a relatively high and very stable level of willingness to follow the rules and regulations implemented by the government throughout. This chart is based on the answers from the question: 'To what extent do you follow the

advice and guidelines from the authorities?'

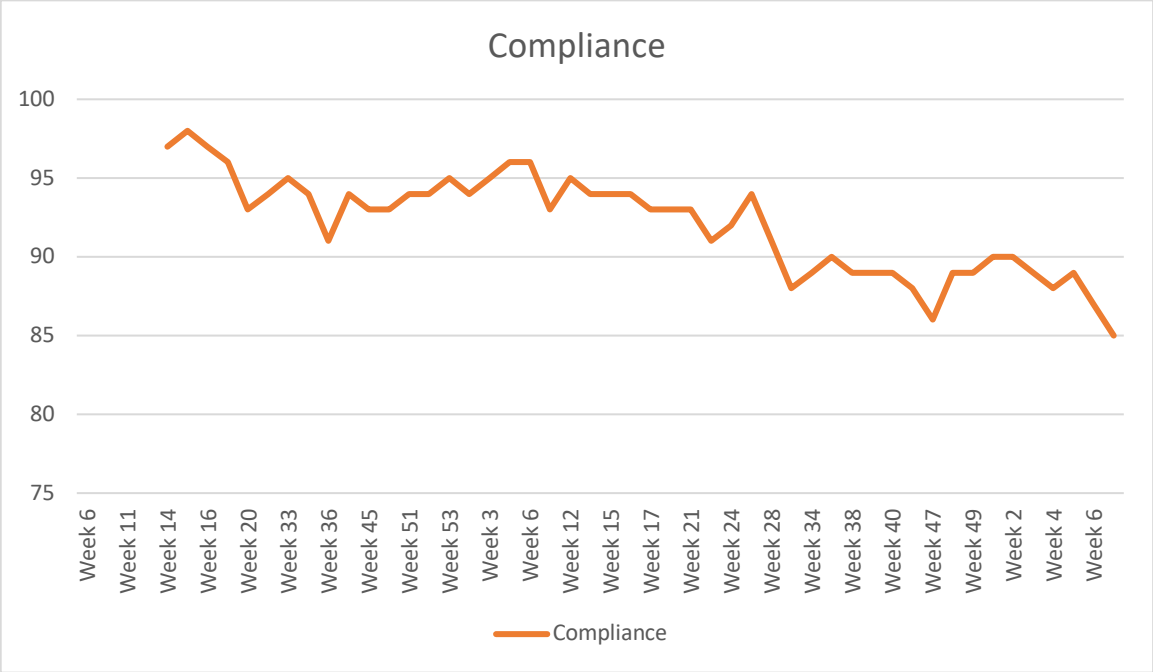


Figure 5: Compliance

Figure 5 shows a stability of compliance in national guidelines of the Norwegian public, which is at a relatively stable level, between 97% and 85% at its lowest point.
This might be a reflection of trust in the government as well as a reflection of fear, fear of not knowing what else to do, once again referring to the confusion and doubt uncertainty provides. However, just like figure 4, this is an additional indication that strengthens the interpretation of high levels of trust as well as consistency in the answers from respondents

6.3. Trust in times of high uncertainty

One of the biggest challenges in managing the corona pandemic has been a somewhat consistent level of uncertainty. The pandemic has lasted over two years now, and still there is uncertainties about the coming. For example, predictions are that there is a sixth wave on the horizon. What is it about this crisis that separates it from other crises and why is there such a high level of uncertainty even after all this time?

First, the coronavirus has proven to be extremely infectious, consequently, it has had a lot of hosts to mutate in. This has proven to be one of the main challenges of this pandemic and this virus, that this virus just doesn't seem to stop mutating. This has left us with several new

mutated variants that has learned to bypass the vaccines, the immune system, and has proven to be more dangerous, causing more death and becoming even more infectious.
Second, even though the vaccines have proven themselves quite effective against several of these mutated variants, they are only effective against serious illness and reduces chances of hospitalization. They have proven less effective against actual transmission between individuals. The result of this is that the virus keeps circulating in society, continuously mutating. Worst case scenario is that the mutations reduces–or even erases the effects of the existing vaccines, putting us back where we started. Constantly living in uncertainty, following step-back after step-back puts a strain on trust. I consider it important to keep in mind that much of the uncertainty we have experienced in society during this crisis is communicated via the authorities as well as the scientific community, and that they themselves have to live with the same uncertainties. If trust is a way of dealing with uncertainties and risk, and the party (the authorities) being the receiver of that trust is communicating equal levels of uncertainty in their approach to dealing with the crisis, trust loses its function as a mechanism for dealing with uncertainty.

Looking back at table 5.1.1. on the weeks after the first lockdown, a high level of trust in authorities increased from 50% to 67% in week 11 and additionally increased 9 percentage points to 76% in week 12. However, following this trail of thought I would expect the worry of getting infected would subside in the same time period, which it interestingly did not. I would argue that in any case of the public showing trust in the implemented measures, consequently, it should by my reasoning reduce the fear of infection. But this was not the case, in fact, fear of getting infected as shown in table 5.1.2. (High degree) increased consistently within the time perspective in question. A possible explanation to this can be 'the unknown', or the uncertainty if you will. Even if the government has decided to proceed with a lock-down, restricting peoples' freedom and encourage the public to stay at home without any contacts, this is basically the most severe measure one can implement without the use of actual force and sanctioning. Therefore, the strongest *reasonable* measure that could be implemented in a free democratic country, in said situation, had been implemented. The reasoning for the lock-down was built upon the level of uncertainty at this point, there were so many unknowns, and a big knowledge gap on what infection control measures actually had an effect (NOU 2021:6, p. 125). Therefore, strong measures were implemented. However, many questions were still left unanswered about the virus, about the risk factors and just how well equipped the Norwegians were at handling the crisis. The uncertainty can be a contributing

explanatory factor to the increasing worry, otherwise there are some counterproductive events that could have contributed to amplify risk assessment, despite severe measures in place. For example, the lack of equipment for infection control, like disinfectants, gloves and facemasks. The health care system found themselves in an acute shortage of all of them. And lastly, Norway was very far behind other European countries when it comes to recommending face masks as a preventative measure.

I have presented three tables in the previous chapter which presents the Norwegian peoples' willingness early in the pandemic to let themselves get vaccinated. Unfortunately, this was just for a limited time, probably to measure attitudes about vaccination in a short time period between the time where the news of an approved vaccine was released, to the vaccine was administered in proper quantities. Table 5.4.5., 5.5.5. and 5.6.5. shows a time period from week 44 in 2020, that is the first week of November, to week 6 in 2021, the second week of February of Norwegians attitudes about the vaccine and their current intention of letting themselves get vaccinated. The percentage with positive attitudes about getting vaccinated are illustrated in the following diagram:

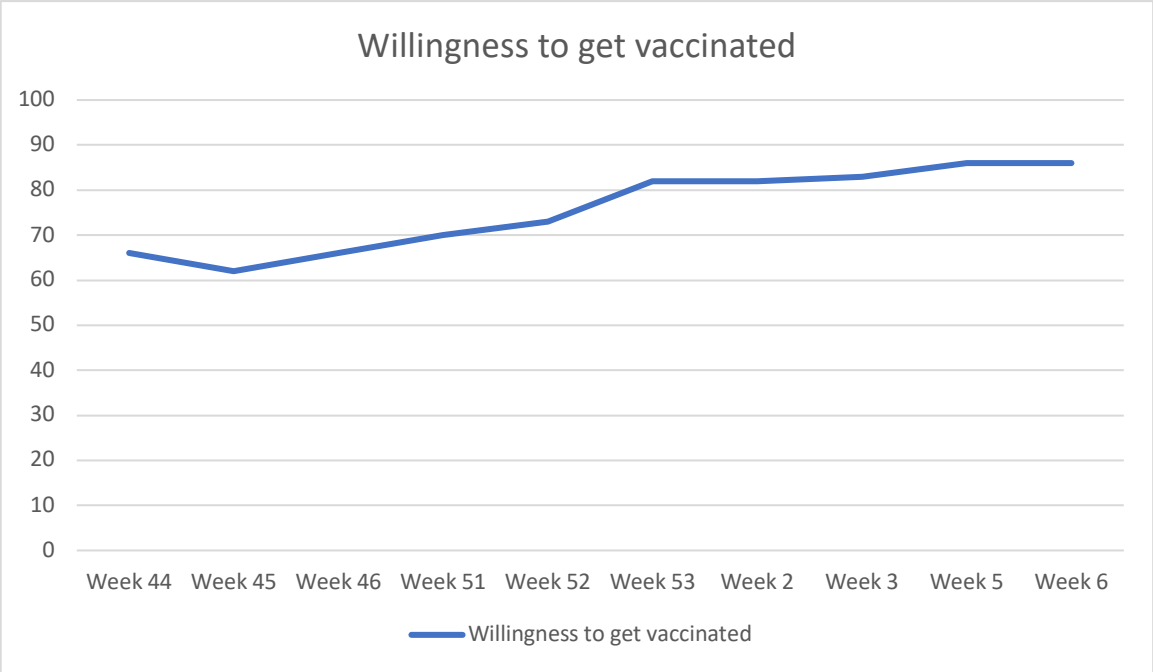


Figure 6: Willingness to get vaccinated

The diagram is based on the percentage of respondents answering that they are likely (4,5) as shown in the tables to let themselves get vaccinated when the vaccine comes to Norway. The data presented is the same as presented in chapter 5, here I have made a chart to show a longer time perspective. It shows an increase in positive attitudes about the vaccine over time.
As uncertainty refers to lack of knowledge this uncertainty doesn't just apply to risk managers and decision makers in a formal sense. We are all decision makers, therefore, my take on these attitudes towards vaccination is that the feeling of uncertainty regarding vaccination was higher in the earlier phase of vaccination. Poortvliet and Lokhorst (2016) refers to this as *experiential uncertainty*, as opposed to epistemic or aleatory uncertainty, experiential uncertainty refers to a feeling of uncertainty, not necessarily close to actual scientific estimates of uncertainty. Experiential uncertainty, therefore, seems to be close to what Slovic & Peters (2006) refer to as feelings of risk.

Thus, one thing is the data from which the developing, biotechnological companies have on the vaccines, another is the information given to institutions in charge of approving these vaccines. Given that the vaccines were based on new technology and the short timeframe it was developed within, the experience of uncertainty I would presume, doesn't correspond with the actual estimates of uncertainty. People felt apprehensive about taking the vaccine without personal experience, or at least indications which felt more relatable, of its positive effects. This interpretation can be strengthened by data which is presented in figure 5. From the early winter months of 2020 to springtime in 2021, many countries had been performing heavy vaccinations on their population, giving actual, real time public data on side-effects and other effects to help them assess the safety and reliability of the vaccines.

Van der bles (2020) presents another interesting issue that should be discussed in terms of uncertainty, particularly in numeric uncertainty, in any case of a drop or decrease in trust, are we sure this is not just an adjustment of the trust in the numbers themselves, as a direct result of this transparency, as opposed to a decrease in the trust of the authorities conveying this information? Secondly, from a purely scientific stance, for anyone to have full confidence in the numbers, it would require full insight to the method used for the estimate, to which most lay people wouldn't necessarily want or be able to understand. One might argue this is where trust would make itself relevant, however, I would argue, that heuristics may come into play, because there are more than several examples of science being wrong, which in any case can affect the trust in science. This is relevant because throughout the pandemic the Norwegian

institute of health provided risk assessments where amongst predicted numbers of infected and deceased where the so-called R-number, which stands for reproduction number. This is an indicator of how many one person on average will infect. These risk assessments were also the scientific basis (as well as dialogue meetings) from which the government communicated their decisions to the public, with regular press conferences throughout the pandemic. Rarely did they refer to numbers (other than R number), typically using terms like "unlikely" or "likely".

6.4. Affect and heuristics

In my data material I have chosen to include the question: *to what extent are you worried about getting infected by the coronavirus?* This question aims at measuring people's level of worry. Worry is a feeling which particularly in case of being high, can be very powerful. Throughout the pandemic the level of worry has fluctuated. This also comes to show in my data material. For example, the first weeks of 2020 shows an extensive increase in worry to get infected between the weeks 6 to 10. From my interpretation this is likely first and foremost a result of a confusing period, with a great deal of conflicting and diverging messages on how to mitigate and respond to the crisis due to a high level of uncertainty. Uncertainty creates worry, however, trust can be used as a mechanism for coping with said uncertainty (Alaszewski & Coxon, 2009). Worry is an emotional reaction to a risk, and this is also one way of measuring risk perception, or what some scholars refer to as 'feelings of risk' (Loewenstein et al., 2001; Slovic, 2011). Additionally, research indicates that risk perception based on feelings of risk often predicts people's behaviors better (Janssen et al., 2011; Weinstein et al., 2007). If this is the case, an initial thought would be to take this literally and do a comparison between worry and compliance to see if worry of getting infected, have affected compliance in the public. However, looking at my data this is far from the case, moreover, feelings are much more than just worry, and compliance could just as easily be a reflection of those feelings, as well as trust.

Another aspect worth mentioning is the willingness to get vaccinated.
From Norway first received the first doses of vaccines up until today, millions of doses of vaccines have been injected into Norwegian arms. The vaccine against Covid-19 was developed in record speed, with an entire world working together and financing research projects and vaccine development together. If anything, the pandemic has been a show of just

how powerful crisis management strategies can be if we only work together. It took less than a year from Norway got the first breakout, to the first vaccine was administered on Norwegian soil. This issue is affected from several sides.
From one side there are the emotional aspects, this can be connected to previous experiences and come down to something as simple as fear of needles, or fear of side-effects which have been given a great deal of attention during the pandemic. The latter was likely unfortunately amplified in light of the issues surrounding the Astra-Zeneca vaccine, which actually resulted in some serious side effects for some, and a few died because of it. This vaccine was eventually removed from the Norwegian vaccination program because of the risks the vaccine entailed (Folkehelseinstituttet, 2022).

On the other side there are cognitive processes, such as heuristics that come into play. For example, most adult Norwegians remember the Pandemrix scandal of 2009. Pandemrix was the name of the vaccine that was developed when the world was struggling with its last pandemic, namely the swine flu. This vaccine turned out to have some serious side-effects, some even developed narcolepsy. It has only been ten years and given the severity of this scandal, the memory of it is easily retrievable to many. It can also apply to affect-heuristics because it appeals to fear of history repeating itself. Thus, when the media are supplementing these (either cognitive or emotional) memories with terms like “the vaccine race”, as was the case when they referred to the current status of vaccine development for Covid-19, I cannot assume to have had any fortunate effects. Moreover, the number of doses needed to be sufficiently protected have been discussed and have increased over the course of the pandemic. This differentiates itself from any previous vaccines most Norwegians are familiar with, where any vaccines given more than once, other than the flu shot, often are administered with years between them.

Moreover, I presume peoples risk assessment when deciding upon whether or not to get vaccinated is a combination of everything. One should bear in mind that institutional trust also refers to trust in science in general, and even the institutions which develops vaccines, as well as the institutions which approve the vaccines. Heuristics will likely play a part in all three areas. For example, in the case of trust in science: science have multiple times proven itself as reliable and effective in solving problems. Therefore, in theory, the availability heuristics, as well as the representative heuristic should be relevant. In a perfect world this would probably be the case. However, the availability heuristic doesn’t dictate that the

example that comes to mind is any good, it only dictates for it to be easily retrievable. Furthermore, the representative heuristic doesn't dictate that the memory must actually be representative, because more than often it is not, it only dictates it must share some similarities which makes it seem representative. Thus, events like the Pandemrix scandal could create unfortunate effects.

The period after the vaccine was approved and later distributed throughout USA and Europe, authorities around the world kept a close eye on the effects, and side effects of these vaccines. Pfizer and Moderna were the first vaccines that were developed, both using MRNA technology, a technology relatively new in vaccines. On the downside, the fact that the technology is relatively new, it is likely to have left some feeling sceptic, due to a lack of data on long-term effects from these vaccines. On the other side the fact that the technology is new, ergo different, from Pandemrix could have had a favorable effect because in reality the vaccine is not really comparable (TV 2, 2021a).

On the other side there are other aspects of our current way of living that could have affected trust and amplify the feeling of risk that should be mentioned. I also consider it likely many of these aspects have affected trust interchangeably and in combination with each other.
First, today's technology enables people to live virtually without borders, and the flow of information is boundless. In any news coverage, be it professionally or amateur produced, there is always an angle with certain focuses that tends to reemerge with every new cover story. Social media plays an important role in today's society, becoming more level with mainstream-media consumption. Latent fears of certain risks are more likely to be "confirmed" with a larger volume of information. If I were to introduce a thought experiment: a case where the Norwegian public only were able to access domestic news, without any connection to news from other parts of the world, based on how we know the crisis unfolded in Norway, there is a high likeliness public risk perception would have been very different.

Second, particularly debates among experts tends to intensify uncertainty about the facts, people will therefore often question whether or not the hazards have been properly understood and this would thereby reduce the credibility of official spokespersons. From beginning to "end" the corona pandemic has been characterized by a loud and open debate about the virus, the risk factors, the infectiousness and the predicted affect it would have on the Norwegian

society. Using so-called “experts” is a very typical trait in media discussion about risks today. Combined with social media, the voices have been many and in many cases contradictory.

Third, the level of dramatization to which information is shared can have a dramatic effect on amplifyoing the feeling of risk, dramatic headliners, interim hospitals being built over a matter of weeks and live footage of overflowed hospitals with sick people strewn in the corridors sends a message of an unmanageable health crisis and contributes to spread fear.

6.5. Trust versus affect

As trust is something that usually have been researched with an extensive focus on cognition, lately many scholars have started to include the effects of affect. Some argue that affect is a part of trust or that trust influence affect, and some argue that emotions affect trust (Siegrist, 2021). Wu et al. (2016) on the other hand, considers affect-heuristics as a *function* of trust. Even though this particular study had some obvious limitations to it, it has some interesting results indicating that people who trust in the risk management, relies more on affect-heuristics when judging risks (Wu et al., 2016). Despite a lack of consensus amongst scientists on this field, one thing is certain, there is a strong correlation between these two constructs (Siegrist, 2021). In the context of the covid-19 pandemic, from which I have chosen to assess the stability of trust, many of the contextual elements promotes and furthermore, indicates, emotional responses and heuristics. This prompts the question: are we measuring trust or are we merely measuring affect?

7. Conclusion

The Norwegian society is known for being trusting, not only towards authorities but also between each other. Therefore, it is interesting to study how a ‘high-trust society’ copes with trying times like the Covid-19 pandemic. In addition, a key characteristic of the pandemic has been high levels of uncertainty, particularly in the beginning when epistemic uncertainties where high on virtually all ends. But even to this day, parallel to high vaccination degrees and continuous work on improving the vaccines, there still exists uncertainties about what the future holds regarding the coronavirus. An underlying assumption is that uncertainty promotes emotional responses such as fear, anger, ambivalence and feeling insecure. Therefore, the research question which has been the anchor for this thesis has been as follows:

"How stable has Norwegian public trust in authorities been throughout the Covid-19 pandemic and how has uncertainty and affect impacted that stability?

First, I have found that trust in government management of the Covid-19 pandemic have proven to be relatively stable even in face of a pandemic presenting challenges beyond what most Norwegians are familiar with. This is strengthened when taking Norwegian level of compliance into consideration, which shows a strong will to follow rules and regulations set by the government. The level of stability in terms of compliance actually surpasses the stability of trust in government, and never dips below 85 %. However, I have found a decrease in trust in government which I consider significant enough to not be left unmentioned, this is because it can, and should, be understood by authorities as an indication that trust is on the decline. If this is left ignored by higher authorities, than the next crisis might not unfold in the same manner.

Second, some of the data which I have analysed have been direct reflections on affect, such as worry to get infected. Others are only partially connected to affect, like willingness to get vaccinated, which on the one side can be a reflection of institutional trust in science as well as authorities, and on the other can reflect fear of side effects or long-term effects (still unknown). Heuristics also play a role in how people respond to risks; this can be both connected to emotions (affect-heuristics) as well as cognition. How trust has been affected in Norway throughout the pandemic has been in line with several theories, such as the 'rally round the flag-effect' (Mueller, 1970), and following van der Bles (2020) sharing risks with the public through numbers (as far as it is possible), should be preferred to more unprecise terms like "unlikely".

Third, uncertainty have undoubtedly had some effects on trust, because trusting someone who is uncertain themselves, is likely going to promote more uncertainty and thus impact trust. One thing is for the government to be uncertain; another thing is when the scientific community is uncertain, thus amplifying the feeling of uncertainty and confusion. However, how people adjust to that uncertainty can be both emotional and rational.

Finally, how does affect fit with trust? What is the correct cause-effect relationship? There is strong consensus amongst scholars that affect has a connection to trust, however, there is disagreements about how these fit together. I would argue that trust and affect have a

reciprocal relationship, where affect influences trust, and trust influences affect simultaneously and interchangeably. Therefore, assessing these constructs separately without the other makes little sense, especially in context with forces which easily promotes emotional responses.

7.1. Ideas for future research:

Given that this thesis is built upon a time perspective of two years, at the moment of this being written, there are reports of countries around the world experiencing an intense increase in infectious spread of the omicron variant. In addition, a recently found variant of the coronavirus; the 'deltacron' (contains properties from both omicron and the delta variant), is becoming an increasing cause for concern. China is one of the countries now experiencing a strong increase in spread, and are now, once again, going into lock-down in some regions. The high levels of infectious spread are not only an indication that this pandemic might be far from over, but it also increases risk of further mutation, possibly setting the world back to scratch. Norway lifted the last infection control measures on the 12th of February 2022, even though we have basically lived normal ever since 25th of September 2021 when the government removed several restrictive bans, including social distancing (Regjeringen, 2022). In any given outcome whereas the pandemic where to "restart", either as a result of a new variant, or that the vaccines just aren't doing the job against omicron, where it would once again be relevant with new measures in order to control infectious spread, I think it would be interesting to study whether this would have any significant impact on trust given that many people are in the process of moving forward, putting the pandemic behind them.

Moreover, following the 'low point' of trust in authorities in week 49 as shown in Figure 3, this period (fall of 2021) was characterized by parliamentary elections, which resulted in a change in government. There was a brief moment of which I wanted to include this into my thesis. This was based on the assumption that change of government mid-crisis could have an effect on trust, particularly as governments are usually elected based on their general politics, not crisis politics explicitly, prompting the question of how such events have capacity to impact trust during a crisis. However, this idea was quickly put aside as research proved this is something not extensively researched and appears to be a gap in the literature, particularly in relation to risk and crises.

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